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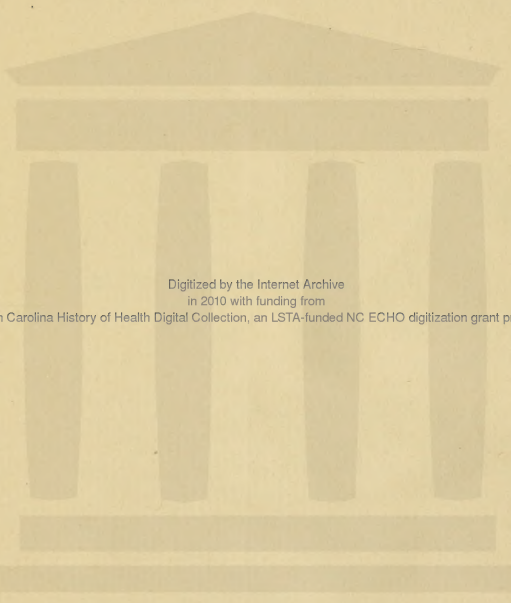


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# The Carolina Medical Journal

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## ORIGINAL COMMUNICATIONS.

### Pneumonia.

(By J. Elliott Lee, M. D., Clinton, N. C.)

PNEUMONIA, PNEUMONITIS, OR LUNG FEVER is an infectious, systemic disease with local manifestations; characterized by inflammation of the lungs, toxæmia of varying intensity, and a fever that generally terminates abruptly by crisis.

It is a general infection with local manifestations showing in the lungs, from which the specific toxins gain entrance into the general system. It is not a local disease as evidenced by the fact that there is no constant relation between the amount of tissue involved in the intensity of the symptoms. Thus a limited lesion may be attended by high fever and great general disturbance, while an extensive consolidation

may be associated with mild pyrexia and only slight constitutional disturbance.

Further the course of lobar pneumonia, as in all infectious diseases, conforms to a more or less distinct type, and the frequency in which the disease prevails in epidemics forms a further proof of its infectious nature. Since frequent epidemics of influenza have occurred in this country, pneumonia has rapidly forged its way forward until now it is one of the most widespread and fatal of all the acute diseases. It is rapidly displacing consumption as the "Great White Plague." During the year 1890, there were 76,496 authentic deaths from pneumonia in the United States; making a death rate of 180.94 per 100,000. During the last 10 years the death rate has increased 5 or 6 per cent.

## ORIGINAL COMMUNICATIONS.

## ETIOLOGY.

Pneumonia is a wide spread disease and prevails in all climates. It is said to progressively increase as one goes from the arctics to the tropics. It occurs during all seasons of the year, but is most prevalent during the winter and early spring months. It is a disease of all ages. Pneumonia is not very prevalent in infancy and early childhood before the fifth year. The type of the disease that generally occurs during this age is broncho-pneumonia. From the 6th to the 15th years there are very few cases. Holt's statistics (referring to the frequency of occurrence in children) for 500 cases are as follows: 1st year was 15 per cent; 2nd to the 6th year was 62 per cent; 7th to 11th was 21 per cent; from 12th to 14th was 2 per cent. It is a very common disease between the 20th and 40th years. After 40 there is another period of latency until the 60th year. After this, of all acute diseases pneumonia causes the largest number of deaths. The last census report gives the relation to age in death rate viz.: In persons from 15 to 45 years old was 100.05 per 100,000 of population; from 45 to 65 it was 263.12 per 100,000, and above 65 years it was 733.77 per 100,000.

## SEX.

Males are more frequently affected than females. This frequency is only observed between the ages of 16 and 50, when the condition of the two sexes are so different physiologically, for in infancy and old age, when the two sexes are subject to the same environments the liability to pneumonia is equal. Occupation entails no special liability to the disease, excepting as it may be attended by exposure to conditions which are in themselves predis-

posing. Pneumonia is more frequent among the poor and those who live under bad hygienic conditions.

Alcohol is a very important factor in the etiology of the disease, both on account of its lowering and depressing effect upon the system, and upon being a cause, so often of excessive exposure while under its influence. Individuals the subject of malarial infection are supposed to possess a peculiar liability to the disease. One attack, instead of giving immunity, makes a person more susceptible to subsequent attacks.

## RACE.

Since the war, with the freedom of the negroes and their degenerated mode of living, pneumonia is more fatal in the negro race than in the white.

COLD, which at one time was considered the exciting cause, is now considered only a factor in depressing the individual and lowering the resistance of the pulmonary tissue to disease.

TRAUMATISM is frequently an exciting cause, especially when of the chest, or fracture and dislocation of the thigh and hip in elderly persons.

CLIMATE has very little influence as it occurs both in cold and warm climates.

Pneumonia is an infectious disease due to a number of micro-organisms, of which the most frequent is the diplococcus of Fraenkel, although other cocci are very often found to be present.

## SYMPTOMS.

The symptoms of acute lobar pneumonia depend both upon the local and general infection. As a general rule the local symptoms predominate. The onset is generally sudden, but in a few instances it is preceded by a day or two of ill health and malaise. It



erally begins with a chill that is both severe and prolonged. In children the chill is often absent and may be replaced by headache, nausea, severe vomiting, delirium and convulsions. Infrequently the onset is gradual, with a prodromal stage lasting from a few days to a week. These prodromal symptoms may point directly to the lungs, or may be such that accompany any of the infectious diseases. Very often the pneumonia may supervene upon a pre-existing bronchitis, and even in these cases it may be ushered in with the initial chill, or again the line of demarkation between the two may be so slight that at the time it is not noticed. After the chill the fever rises rapidly and runs a course of from 5, 7 or 9 days. Occasionally it terminates in a shorter time or may extend over a longer period. This fever generally terminates by crisis, and is followed usually by a rapid convalescence, although at the time of crisis there is present marked prostration. Pain is usually present early and is referred to the site of the lesion, or to the region of the nipple of the affected side. This pain is of a very distressing character, and as there is present a dry hacking cough, it makes the suffering of the patient extreme. This pain is due in a majority of cases, to a co-existing pleurisy over the part of the lung that is involved. The respirations are very much increased and are more or less irregular and shallow, being restricted by the pain caused by a deep breath. The ratio of the respirations to the pulse in health, is one to four. In pneumonia it increases to 1 to 3, or 1 to 2. Later in the course of the disease the respirations become rapid and shallow, owing to the restriction of the air spaces. The inspirations are extremely

shallow, while the expirations are accompanied by a grunt. The dyspnoea is frequently so great that all of the auxillary muscles of respirations are called into play, while the alae nares are distended with each respiration. The face becomes more or less cyanosed. The cheeks often become flushed, especially on the affected side. The conjunctivae are suffused, and upon the face there appears an expression of great anxiety.

The frequency of the pulse, as a rule, corresponds to the intensity of the fever. Early in the disease it is full, bounding and tense, and ranges from 100 to 120 per minute. Later when consolidation occurs it becomes irregular, small and feeble and occasionally dicrotic.

**EXPECTORATION.** The expectoration upon the second day generally becomes characteristic. It is at first very viscid and is so tenacious that the vessel containing it may safely be turned upside down without spilling out. It possesses a peculiar rusty color and therefore is spoken of as rusty sputum. As the disease develops the rusty discoloration becomes more marked, and in some few cases the expectoration consists of pure blood.

Later in the course of the disease the sputum becomes more fluid and looses its tenacious, hemorrhagic character. In the aged and feeble and in those patients who have used a great deal of alcohol, it is often thin, abundant and dark brown in character, and is spoken of as prune juice expectoration. In some instances it is of a greenish color which is due to changing of the haemoglobin into bilirubin. In some cases, especially in small children, the aged and in drunkards, the expectoration may be entirely absent.

COUGH is a symptom of great constancy; it is accompanied with great pain, and is on this account short and suppressed. Early in the disease it is hard and does not bring up much secretion. Exceptionally it is slight or even absent altogether when the disease is limited, or latent as in the aged or in alcoholic subjects.

Upon the second or third day the eruption of an abundant crop of herpes make their appearance about the lips and alae of the nose. This symptom is of great diagnostic value in obscure cases.

Nervous symptoms make an early appearance and are very seldom absent. The patient suffers with headache, sleeplessness and frequently delirium. In the beginning nausea and vomiting are nearly always present. Diarrhoea occasionally occurs, but constipation is the rule in this disease. Jaundice not infrequently occurs, and when it is slight is of no prognostic significance, but when deep jaundice occurs in the course of the disease it is generally an evidence of serious constitutional infection and is only seen in very severe cases. These cases are spoken of as bilious pneumonia, and the jaundice is usually associated with severe vomiting, diarrhoea, tympanitis, marked nervous symptoms and some times hepatic enlargement.

Slight jaundice is sometimes seen in pneumonia of the right lower lobe. In some cases the spleen is found to be enlarged.

The kidneys are, to some extent, involved in nearly all cases. Occasionally an acute nephritis develops. Febrile albuminuria occurs in a large number of cases. There is a marked diminution of the chlorides in the urine. This diminution is partly due to the amount

of chlorides that accumulates in the exudates, and partly to the less quantity taken in the food, the result of loss of appetite and the restricted diet. The chlorides reappear rapidly during resolution. With this exception the urine is characteristic of febrile conditions generally, i. e.: scanty, high colored and acid in reaction. At the time of crisis it may be markedly increased and show upon standing a heavy deposit of urates. In cases accompanied with jaundice, the urine shows the coloring matter of bile.

#### NERVOUS SYSTEM.

In mild cases mental dullness, headache and great prostration is present. In the severe cases delirium may be marked. In most cases these nervous symptoms are due to the infection, and not to any changes in the cerebral meninges. In other cases true inflammation of the meninges occurs. In these latter cases hyper-pyrexia is usually present. In drunkards delirium tremens often characterizes the onset of pneumonia. This should be remembered when called to a case of delirium tremens. In children convulsions often replace the chill.

#### FEVER.

Fever is almost always present, and is more or less typical. Its onset is abrupt and quickly follows the initial chill, and its height is rapidly attained. It ranges to 104-105 degrees F, and sometimes higher, continuing high, unless the pseudo-crisis occurs, until the termination of the fever period.

It generally continues from five to nine days. In some cases it may terminate in a shorter time than five days, in others it may continue beyond the ninth day. This generally ends by crisis, occasionally it terminates by lysis. Frequently a decided rise in

temperature occurs just before the crisis. This is called the pre-critical rise. In cases terminating fatally, a so-called pre-agnostic rise may occur, which may reach 108 per cent or higher.

#### LEUCOCYTOSIS.

Leucocytosis is a marked feature of the disease in almost all cases. The leucocytes are increased with the first symptoms and persist during the stage of the fever. At the time of crisis this increase of white cells disappear. Their numbers vary from normal to 35,000 or more. Their absence indicates a very unfavorable prognosis, except in the mildest cases. There is a slight decrease in the red cells.

#### PHYSICAL DIAGNOSIS.

**INSPECTION.** On first seeing the patient he is lying upon the affected side, so that the rubbing together of the inflamed pleural surfaces is reduced. Inspection also shows evidence of dyspnoea, also the degree of cyanosis and dilatation of the alae naries. Also how much the auxiliary muscles of respiration are called into play, and gives good evidence as to what extent the air space is limited.

No alteration of the contour of the chest will be noted. There will be increased frequency of respiration and limitation in movement on the affected side. This limitation, in the early stages, is due to the involuntary fixation of the chest wall on account of the intense pleuritic pain. Later, during consolidation, this limitation is due to inability to expand the diseased portion of the lung.

**PALPATION.** In the beginning hardly any alteration in the vocal fremitus can be detected, but as consolidation increases, so does vocal fremitus. In the early stages often a pleuritic fre-

mitus can be detected. Absence of vocal fremitus does not always mean that there is no pulmonary consolidation, or that there necessarily co-exists a pleural effusion, as the vibrations of the voice may be temporarily prevented from being transmitted to the lesion by the occlusion of a large bronchial tube, by a mass of mucous.

**PERCUSSION.** At the very beginning of the disease the percussion note remains clear, but as engorgement progresses, the note becomes higher in pitch and frequently has a tympanitic quality; with increase in the exudation and the consequent driving out of the air in the air vesicles and bronchioles, a gradual increased degree of dullness occurs. This dullness, however, even in the worst case of consolidation, is never complete, because the involved area is never completely without some air passing in and out of the bronchial tubes. Associated with the dullness is a sensation of increased resistance to the percussing finger. Over that portion of the lung immediately above the consolidated area, percussion is apt to elicit a note of tympanitic quality resonance.

The unaffected portion of the lung and the lung upon the opposite side gives a hyper-resonance on percussion owing to the increased function that the limitation of the air cells make necessary for them to perform. With the beginning of resolution and the consequent resorption of the exudate, dullness progressively diminishes as the air again enters the affected area. Lesions of limited extent are not always recognizable by percussion. This is especially seen in cases of central pneumonia, in which the consolidated portion of the lung is surrounded by uninvolved lung tissue.



## AUSCULTATION.

AUSCULTATION. In the early stages auscultation reveals diminished breath sounds, and crepitant rales are to be detected, especially at the end of inspiration. Associated with these crepitant rales, there are often heard various rales, some moist, some dry, some coarse and some fine. These are evidences of acute bronchial catarrh that so often accompanies pneumonia. As consolidation occurs the crepitant rales disappear and bronchial breathing makes its appearance. Should the main bronchus leading to the consolidated part of the lung become plugged with mucous this sound will also be absent. Over the consolidated area the voice sounds assume the peculiarities known as bronchophony. This sound may be so modified that it will take on the characteristic termed egophony. During the stage of consolidation, both moist and dry bronchial rales are usually to be detected. As the exudation undergoes liquifaction, in the stage of resolution, numerous moist rales are to be heard. Bronchial breathing and bronchophony become less and less distinct, and the crepitant rales known as crepitus redux appear.

These rales are coarser than those heard in the early stage, and are heard both in inspiration and expiration. Over the unaffected portion of the lung the breath sounds remain vesicular, but intensified, constituting the so-called puerile breathing.

In central pneumonia bronchial breathing and crepitant rales may not be detected, as there is healthy lung tissue surrounding the consolidation.

Three forms of pneumonia have been described, viz: Migratory, or wandering, a form in which one lobe after the other is successively invaded; double

pneumonia, in which one or more lobes of both lungs are involved; crossed pneumonia, or the form in which the lower lobe of one side and the upper lobe of the other is involved. The lower lobe of the right lung is most frequently involved, next in frequency is the lower lobe of the left lung, then the upper lobe of right and the upper lobe of left lung.

Epistaxis may occur at any stage of pneumonia, but is more often at the onset and at the crisis.

APICAL PNEUMONIA, or those cases in which the lesion begins in the apex, is often extremely grave, and attended by marked nervous symptoms, especially delirium. It is to these cases that the term cerebral pneumonia is sometimes applied.

Pneumonia frequently occurs as an intercurrent affection in a large group of chronic diseases, e. g.; chronic nephritis, diabetes, locomotor-ataxia, chronic lung and nervous diseases.

## TERMINATION.

Pneumonia terminates either in resolution, abscess, gangrene or purulent infiltration.

ABSCESS. Pneumonia terminates in abscess in 1 1-2 or 2 per cent of all cases. It is met with oftenest in weak, debilitated subjects. The sputa are copious and fetid, yellowish in color, consisting almost wholly of pus. The fever is of hectic type, and is accompanied by rigors and sweats. The patient grows weak and emaciated, death resulting from exhaustion, from asphyxia, or from the discharge of the abscess into some neighboring cavity or organ? The most reliable evidence of an abscess, is the physical signs of a cavity. Abscess is very rare in children.

GANGRENE occurs as a termination

quite frequently. Its occurrence is marked by signs of sudden collapse. The pulse is rapid, feeble and intermittent; the face is pale and death-like; there is profuse expectoration of blackish-green masses containing shreds of decomposed lung substance having a gangrenous odor. The breath is offensive and the body has a cadaverous smell. The sickening odor of pulmonary gangrene is most perceptible after coughing. Gangrene generally has its seat in the lower lobes and here we must search for its ill-defined physical signs.

PURULENT INFILTRATION has symptoms that differ but slightly from the third stage of pneumonia. When resolution does not take place at the period of crisis, and the temperature remains high, accompanied by symptoms of prostration and profuse purulent expectoration, purulent infiltration may be suspected. Somolance and mild delirium are quite frequent. The sputum contains a large number of cells in various stages of fatty degeneration. The fever has regular evening exacerbations, and it may range higher than at any period of the disease. The tongue becomes brown and dry, and sordes collect on the teeth and mouth. Recovery is slow, and convalescence is tedious. Death results from exhaustion.

#### DIFFERENTIAL DIAGNOSIS.

The diagnosis of acute pneumonia is not usually attended with difficulty. The sudden onset with chill, a more or less distinct type of temperature course, the increase in the number of respirations, the character of the sputum, the occurrence of herpes, the physical signs, etc., make an almost typical picture.

PLEURAL EFFUSION. The differential diagnosis between pleural effusion and pneumonia is sometimes attended with difficulty, specially in case of pleural effusion where bronchial breathing and bronchophony are decided physical phenomena. The symptoms of the onset of pleurisy is not attended with symptoms of the same intensity. The chill is usually milder, generally only a mere chilliness. The fever is not as high, usually not above 102 F. There is less cough and less abundant expectoration and no rusty sputum.

In pleural effusion the physical signs show alteration in the contour of the affected side, also partial effacement of the intercostal spaces. Vocal fremitus is usually absent, while in pneumonia it is increased. Percussion yields a dull or flat note, while in pneumonia it is only partially dull. In left sided pleurisy the heart is displaced to the right and there is depression of the fundus of the stomach which obliterates the so-called semilunar space of Traube.

In right sided pleural effusion, the heart is displaced more to the left and the liver is displaced downward. In pneumonia the adjacent organs undergo no displacement.

On auscultation the breath and voice sounds in pleural effusion are usually diminished in intensity. In pneumonia bronchophony and bronchial breathing are very marked.

BRONCHO-PNEUMONIA. This disease lacks the well developed signs of lobar pneumonia and is a disease of both lungs; areas of dullness, over which bronchial breathing and bronchophony occur, are found in patches over both lungs. The onset is less marked and the symptoms are preceded by well

defined symptoms of pre-existing bronchitis. There is an absence of rusty sputum. The disease is of longer duration and the termination is gradual and not attended by well marked crisis, which is so frequent in lobar pneumonia.

**ACUTE PNEUMONIC PHTHISIS.** This disease is of more gradual onset, the tendency of the fever is to be remittent in type and is attended with repeated chills or chilliness. There is profuse sweats, rapid emaciation and also abundant expectoration, which shows the presence of tubercle bacilli. The location of the lesion is usually at the apex, and there is absence of herpes.

#### PROGNOSIS.

Under all circumstances pneumonia is a grave affection. The mortality is highest among those already debilitated by previous ill health, also in alcoholics and in those of old age. In children and robust adults the prognosis is much more favorable. In general the average death rate is about 25 per cent. Its association with any complication makes the prognosis graver. Serious complications, as endocarditis, either acute or chronic, pulmonary emphysema, alcoholism and old age, make the prognosis very grave. With meningitis the prognosis is quite grave. A lesion of the apex is more grave than at the base of the lungs. Double pneumonia is graver than one sided cases. A high temperature with a good pulse is not necessarily grave, as it shows that the reaction is good. But with a high temperature and a rapid pulse, the prognosis is not so good. If the temperature is low and the pulse rapid, it shows a great degree of infection, and is a grave symptom. An examina-

tion of the blood will help a great deal toward making a prognosis. The absence of leucocytes is a grave sign, while their presence denotes neither good nor bad.

Death usually takes place in pneumonia as a result of heart failure, caused either by the action of the specific toxins, or by gradual distention of the ventricles from inability of the circulation to go on in the consolidated lung. The mortality in patients above 60 is from 50 to 80 per cent. A Mexican physician, of my acquaintance, told me that when one is attacked by pneumonia in the mountains of Mexico, unless he is hurried down to the plains at once he will certainly die.

#### TREATMENT.

The patient should be placed in a large, well ventilated room, free from draughts, and with as little furniture in the room as possible. The diet in pneumonia is very essential, and the indications are for a very light diet, which will not excite the cough in swallowing, or increase the dyspnoea by distention of the stomach, or augment the enfeebleness of the heart action by over taxing the digestive powers. It is not necessary to keep the patient upon a rigid milk diet, but if milk is well borne, it is best to give nothing else while the acute symptoms last, otherwise whey, meat juice, broths and egg albumen may be used.

Starchy and saccharine food must be withheld. Cold drinks are both acceptable and good for the patient, and water may be drunk in considerable quantities. Fluid diet should be adhered to for several days after the temperature has become normal.

During the entire period of convales-



cence the diet must be very nourishing and easily digested.

**MEDICAL TREATMENT.** This should be really divided into 3 stages, depending upon the 3 stages of the disease in the lungs, i. e.: congestion, consolidation and resolution. Pneumonia is a disease that runs a more or less typical course and the treatment is more or less expectant. Of late, efforts have been made to place this disease under serum treatment. The experiments have mainly been carried on by the Klemperers, but they have not been attended with any degree of success, and until some other form of serum has been found, this treatment must of necessity retire from the therapy of the disease. When called to a case of the disease in the first few hours before consolidation begins, and the patient is found to have a full, bounding, tense pulse, face flushed cyanosed and embarrassed respiration, and high fever, there is indications for one of two treatments. 1st, venesection until about one pint of blood has been drawn from the arm, will often give the patient a great deal of relief. Later in the disease when the right side of the heart seems to be greatly embarrassed, marked dyspnoea and cyanosis are present, and evidence of pulmonary oedema, venesection may again prove valuable.

Or instead of venesection, the patient should be placed on tinct aconite or tinct veratrum viride in hourly doses until the pulse becomes more compressible and slower and the skin becomes moist. For children the tr. aconite is best, and for adults tr. verat. viride is the best drug.

These act by bleeding the patient into his own blood vessels and thereby

retaining the blood to be drawn upon at some later time when exhaustion is marked. These remedies should only be used in the earliest stages of the disease. It is a good plan to give the patient a dose of calomel and follow this with a saline in 4 or 5 hours so that the intestines will be cleaned out and the liver put in such a condition that it can perform more readily the extra duty that it is called upon to do. For the fever a great many remedies have been used and suggested. As pneumonia is a very depressing disease, it is wise not to use any remedy for the fever that is depressing, hence the cold tar remedies should not be used.

Of late years the treatment of pneumonia by hydro-therapy has become very popular, especially among the Northern writers. They claim that it is the best remedy for the fever and that no bad results will occur from its use. It can be used either as the cold sponge, or as the cold compresses, or in the application of the ice pack to the affected side. Should the temperature remain high with marked nervous symptoms, the full plunge bath at temp. of 70 or 75 F. may be used.

Counter irritants play an important part in the treatment of pneumonia. There are many ways to use these. One of the means is dry cups. For this to be thorough, 5 to 6 cups should be used, scattered over the area involved, and a little to the sides of the diseased patch. Mustard may also be employed in the form of mustard plaster. Turpentine stupes are also of much use. In the beginning of pneumonia a blister may be applied with advantage, not over the diseased area, but a little to one side, so as to draw the blood away from the already congested part of the

lung. After resolution begins the blister should be placed over the diseased area.

A good way of protecting the diseased lung from sudden changes in the temperature, is to take a cotton or knit undershirt and line it with carded cotton and place around the lungs. This treatment is opposite from that given above with cold applications.

I will also speak of the good effect of the local application of Antiphlogistine, applied thick and hot. Quinine, especially in tonic doses, should be used almost in a routine manner, especially in malaral districts.

Petresco strongly advocates the use of digitalis in large doses, as much as 120 grains of the powdered drug are used in the course of 48 to 60 hours. He claims no untoward effect in these large doses, but if administered at the outset, it will shorten the duration of the case, and is attended with a much lower death rate.

Aufrecht says that equally as low a death rate will occur from other treatment, and the danger of causing nausea and vomiting and the cumulative effect of digitalis is sufficient to warn against the drug.

M. Eustace uses 30 minims of the tincture every 4, or even every 2 or 3 hours, until the pulse is slow, and claims that it is almost a specific. He says that alcohol tends to inhibit the action of the drug. A symptom requiring treatment is pain. For the relief of this symptom if severe morphine hypodermically may be resorted to, but if not severe pulv. *doveri* may be used. This will also relieve the distressing cough.

Salberg recommends for the relief of pain and dyspnoea, where morphine

cannot be used, strips of adhesive plaster, one and one half inches wide, applied as in fracture of the ribs. For sleeplessness, if it occurs, chloral or trianal should be used. If headache or other marked cerebral symptoms occur, an ice cap to the head is of marked benefit. In severe cases where dyspnoea and cyanosis is very marked, the free use of oxygen is to be employed if possible.

C. Sebring recommends salicylic acid, 8 to 10 grains every 2 hours and says that it is a specific in the disease.

In cases of severe or double pneumonia the subcutaneous injection of saline solutions do good, especially when used about a day before the expected crisis, or when the pulse becomes intermittent, or in any grave condition of the patient. Any tendency to collapse at the time of the crisis should be carefully watched, and it may then be necessary to administer diffusible stimulants and apply external heat. To maintain the heart's action is one of the most important indications in pneumonia. For this purpose we have several remedies, alcohol, strychnine, digitalis, and belladonna. The digitalis not in the doses advised by Petresco, but in smaller doses given with diffusible stimulants, e. g.; ether, ammonia or comp spirits of lavender. Nitro-glycerine gr. 1-100 repeated every 2 or 3 hours is fine, especially in cases marked by dyspnoea, cyanosis, and a general congested condition of the vascular system. By the use of this drug the peripheral resistance to the laboring heart is greatly lessened and much of the strain placed upon this organ in its efforts to force the blood through the consolidated lung is removed by thus effecting the dilation of the capillaries generally.

Other remedies of value are the arom. spirits of ammonia, carbamate of ammonia, and in cases of sudden heart failure, ether, hypodermically. When the flagging to and fro pulse indicates arterial starvation, and the dusky skin and pulsating juglars show venous engorgement and distention of the right side of the heart, the employment of digitalis is here of the greatest service. It should be given in 10 to 15 drop doses of the tinct every 8 hours, and be given with 5 to 10 drops of the tinct belladonna every 4 hours or oftener. In some cases it will be found that belladonna is essential to control the leaking blood vessels and to re-establish and normal vaso-motor tone.

Chloride of ammonia is one of the foremost drugs to use in aiding and loosening the cough. One disagreeable feature is its salty taste and its irritation to the stomach. It may be used in such a R as follows:

R Ammonii Chloridi	5ij
Ext. Glycyrrhiz Flu.	3ij
Aquae or Spts. Chloroformi	
ad.	3iii

If cough be in excess of expectoration and there is much tickling or irritation and no phlegm brought up, it may be relieved by adding a little morphine to the above.

If the chloride fails to act favorably, the carbonate may be used, especially if there is much depression.

**CREOSOTE.** A large number of writers of this country and abroad in recent years have advocated the general use of creosote in pneumonia. 10 to 20 drops of the carbonate of creosote every 3 hours, in from 24 to 48 hours you will see a marked change. Several reports of series of cases have been made. Of one series of 1130 cases

there were 56 deaths, nearly every one of these were from complications. Of another series of 762 cases the authors assert that they believe that creosote sometimes abort pneumonia. For adults 2 1-2 drams in first 24 hours should be used, viz:

R Creosotol	5iiss
Emulsion	3ii

To be taken in 4 doses or

R Creosotol	5i
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Sig. Teaspoonful morning and night in cup of hot milk.

### Pneumogastric Cough.

By Clarence Porter Jones, M. D., Newport News, Va., Visiting Oculist and Aurist to Newport News General Hospital, Dixie Normal School and National Soldiers' Home Hospitals, etc., etc.

The title is perhaps confusing so therefore let me say that I mean to speak about cough from lesions or courses of irritation of the vagus nerve outside of the lungs, and as a further limitation those which come within the field of oto-laryngology. Of course lesions in any viscus can, through the vagus, produce cough, as ovarian disorders, gastric or intestinal disease.

As we recall the vagus has a more extensive distribution than any of the cranial nerves, and by its vast anastomoses with neighboring nerves and its mixed functions and peculiar behavior to the many stimuli and its richness in reflex action, its disorders are capable of a great host of morbid nerve energy. It is to be remembered also that it is the chief route of communication between the brain and the viscera, supplying the entire respiratory tract and ear with branches and anastomosing with the spinal accessory, facial, hypoglossal and two upper cervical nerves. Its filaments contribute a large share

to the pharyngeal plexus, likewise the pulmonary and cardiac.

The two laryngeals supply the larynx. By its junction with the sympathetic nervous system the vagus influences or controls the function of every organ in the body. Its various responses to different stimuli as hunger, thirst, nausea, etc., are examples of its complexity.

Its function grossly stated is that of a great sensitive nerve, through its varied anastomosis influences deglutition, the heart's action, circulation, respiration, voice and secretion; thus sensory, motor and secretory.

Any direct or indirect irritation or impression made upon it through any of its filaments may produce a cough.

Coughing is a reflex act, the nervous mechanism of which is that a stimulus in the form of some mechanical or chemical irritant is applied to the highly sensitive branches of the superior laryngeal nerve distributed to the mucous membrane of the larynx. The nerve waves produced by the impression travel up the superior laryngeal and vagal nerves to a co-ordinating centre situated in the medulla oblongata. From this motor impulses emanate, which, descending through the vagus and spinal cord, first excite those muscles to contract which close the glottis, and then induce powerful contractions of the muscles of expiration. The effect is that air is expelled from the lungs with great force, driving the foreign body, if there be one, from its position. This act may be most violent when there is no foreign body or substance to expel, and the lesion or seat of irritation is at a remote quarter.

A careful examination of the lungs should be made in every case to be cer-

tain that the lesion is not situated therein. Should we find chronic bronchitis we may still be able to say that that malady is only a symptom and not a disease.

We will find the patient most likely to be in a highly nervous state, health otherwise good. Temperature, normal; simply a troublesome cough, possibly a scanty expectoration.

These cases as a rule have consulted many physicians, and have probably taken the various oils, emulsions and the whole catalogue of patent lung balms without any relief. Probably more than one eminent doctor have assured them there is no lung trouble; yet the ever present cough.

We examine the ear; the external auditory canal is a fertile spot of irritation, a plug of hard wax, a lead pencil point, a bean, or other hard substance can set up a most troublesome cough to be almost immediately cured by its removal. The auricular branch of the vagus is a very live little nerve and markedly sensory in function.

The nose is perhaps the most common site of this trouble. Septal spurs pressing into the inferior turbinate, enlarged middle turbinates pressing against the septum. Also any other abnormality, and lastly rhinitis. Appropriate treatment, with a removal of the cause is urgent.

The naso-pharynx should be carefully examined for growths, especially adenoids, which is so familiar to us all in these days, are only to be mentioned to be appreciated, a thorough removal should be done. Cough, by the way, is often a prominent symptom of adenoids.



Lymphoid patches on the pharyngeal walls, varicose veins; also atrophic pharyngitis are to be considered as a factor. We have seen this cough due to a lithemic pharynx.

The tonsils give trouble, especially the broad, flat submerged organ, with adhesions. The lingual tonsil is very All tonsils of this character should be removed. Certainly the freeing of the adhesions. The lingual tonsil is very apt to be overlooked; also sensitive papillae in the glosso-epiglottic space.

An elongated, or hypertrophied uvula, especially one which is excessively sensitive to touch, should have a

portion of its bulk removed. Papillomatous growths on the uvula also should be removed.

The treatment, as you will see, resolves itself simply into the removal of the cause.

I will not recite testimony or report cases to substantiate these claims, but will ask you to examine carefully into all cases of persistent cough, find the seat of trouble, remove the cause, and note results. You will restore the peace and happiness of many a poor, scared victim who feels that he is already with one foot in the grave. Our mission, as we all know, is to ease the mind as well as the body.

## ABSTRACTS.

### Common Duct Obstruction.

(J. Wesley Long, M. D., Greensboro, N. C.)

Dr. J. W. Long, of Greensboro, North Carolina, read a paper on common duct obstruction. As compared with gall-stones in the gall-bladder, the condition is many times more serious. He quoted the, as yet, unpublished statistics of the Mayo clinic, where there have been more gall-stone operations done than in any other clinic in the world, showing that in simple gall-stones in the gall-bladder, the mortality of operation is less than one-half of one per cent, while the mortality in operation for common duct obstruction ranges from 11.9 per cent in benign cases to 40 per cent in malignant cases. These facts were brought out to emphasize the prophylactic value of operating while the stones are yet in the bladder.

Touching the etiology of common duct obstruction, he took the position that practically all cases were due, either to stones or to malignant growths which themselves were caused by the irritating presence of stones. Gall-stones may exist in the gall-bladder for a long time without producing symptoms, but many serious complications arise.

The mortality in these cases is due to the complications, the cholemia, infection, contiguous inflammation, and exhaustion due to hemorrhage at operation.

He emphasized the fact that common duct obstruction could be treated only by surgical measures. After removal of the obstruction, the first consideration is drainage, since it is imperative to overcome the infection; and second, that no operation must be deemed finished until the patency of the opening into the duodenum is assured.

Attention was called to the importance of not removing the gall-bladder in the operation of choledochotomy, since stones occasionally reform in the common duct, and in these cases the gall-bladder serves for drainage.

A number of cases of operation for common duct obstruction occurring in the hands of Dr. Long were reported, showing the profound disturbance caused by the stones, and the great relief afforded by their removal. In one case it was noted that the stones had ulcerated through the side of the gall-bladder and into the common duct, an exceedingly rare occurrence.

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#### **Scopolamine-Morphine, Anesthesia, Surgery, Gynecology and Obstetrics.**

RIES states editorially that of the many new anesthetics which are tried and repeated every few years, the combination of scopolamine and morphine bids fair to obtain and to hold the favor of surgeons and obstetricians. The combination has been in use in Europe for 15 years. The dose usually given is morphine one-half grain mixed in water with scopolamine hydrobromate one-fiftieth grain divided into three doses, which are injected hypodermatically, one dose two and one-half, one dose one and one-half, one dose one-half hour before the time set for the operation. The patients become drowsy after the first dose, sleep fairly sound after the second, and are just asleep and insensible to pain after the third dose. In one-third to one-half the cases extensive operations can now be performed; in the rest a small amount of chloroform or ether is necessary. Some surgeons use about half the dose mentioned merely as a prelimi-

nary to chloroform or ether anesthesia. The patients do not remember anything after the first or second dose and so escape the excitement preceding the administration of a general anesthetic. The disagreeable symptoms following the operation are abolished as the patient sleeps for five hours after the last dose. Nausea and vomiting are entirely absent if scopolamine-morphine alone is used and almost so if ether and chloroform are added. It is not used on children under twelve years but is invaluable in the old and decrepit, using, of course, smaller doses, two-thirds, or in the very decrepit one-third the dose given. The obstetrician, according to European reports, seems to have the promise of the most happy results. It is given in one-third the dose for surgical anesthesia every five or six hours. Labor is painless and not interfered with in any way.

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#### **The Use of Creasote in the Treatment of Pulmonary Tuberculosis.**

(Colorado Medical Journal.)

TAYLOR quotes Osler as saying: "The profession was long in learning that typhoid fever is not a disease to be treated by medicines," and adds how long it will take the profession to learn that tuberculosis is not a disease to be treated by medicines. He states that the attitude of the profession toward creasote is not unlike that of the people in regard to alcohol. That some consumptives who consume a large quantity of alcohol recover, but in the majority of cases the alcohol sets up a gastro-intestinal catarrh which hastens the end. That creasote does not have any influence over the bacteria in the air passages or in the tissues; that it has a disagreeable taste and odor;

that it increases the appetite by acting as an irritant; that for its use as an appetizer and anti-fermentative other drugs act better, and, finally, if used at all, which he does not advise, it should be used only in small doses. Drugs are necessary to meet the emergencies that arise from time to time and to regulate and control the different functions of the body, but there their usefulness end. The future's big with promise and the bacterio-therapeutics of the disease are being worked out satisfactorily, although the ideal product has not been discovered. At present the best aid to sanitarium treatment is to be found in the judicious use in selected cases of Von Ruck's watery extract of tubercle bacilli.

### Diagnosis of Syphilis

AROUSTRAN holds that errors in the diagnosis of syphilis by the general practitioner are frequent. (Central States Monitor, Dec. 1905.) With few exceptions there should be no difficulty in arriving at a correct diagnosis. Inspection of the initial sore is not sufficient; there must be palpation.

His points of diagnosis of primary syphilis are thus summarized:

"(1) The presence of a distinct period of incubation—designated as the first period of incubation, which is of not more than 35 nor less than 10 days duration.

"(2) The peculiar indurated character of the primary sore and its non-adherence to the underlying structures, thus enabling the physician to elevate it, so to speak, en masse.

"(3) The clean, non-purulent nature of the surface of the ulcer, unless there be a mixed infection, when

it assumes a purulent character and becomes "undermined."

"(5) The inguinal adenopathy manifesting itself within fourteen days of the existence of the chancre, which is usually bilateral, painless, non-matted together and movable; the reverse being the case in chancroidal or venereal ulcers, there the inflammation of the glandular structure is more active, unilateral—in direct relation to the channel of lymphatics of the infected area, painful, matted together and fixed and leading sooner or later to suppuration."

The secondary stage is a second period of incubation, malaise, osteopic pains, fever, nocturnal headache and the syphilides are the prominent symptoms. These are thus summarized:

"(1) Constitutional symptoms appearing within 45 to 90 days of the existence of the initial lesion—the so-called period of incubation—and characterized by malaise, syphilitic fever, anemia, osteopic pains, intensified at night, nocturnal headache, and general adenopathy.

"(2) The typical eruption of lines, which is both symmetrical and polymorphous and devoid of all subjective symptoms, viz: It neither smarts nor itches, less occurring in a neurotic individual, when it may be accompanied by more or less pruritus. The syphiloderma are all pigmented, suggesting a coppery tinge.

"(3) The early involvement of the pharyngeal and buccal mucosa, where pain is likewise a negative factor."

"The above are the cardinal diagnostic points necessary to keep in mind in deciding upon the nature of the disease.

The lax, unscientific and perfunctory treatment given the disease by un-



scrupulous practitioners is deprecated. The two incupation periods are so well marked that there should be no errors in the diagnosis.

### Diagnosis of Gall Stone.

BRYAN says there has been a great change in the recognition of gall stones since the advent of abdominal surgery. (Southern Pract., Dec. 1905.) Formerly many cases were diagnosed as "liver disease" and on that the physician had to rest. Now the physician must be able to diagnose gall stones in their incipency.

The thermometer, the pulse and the tongue can no longer be relied on in the diagnosis. Patients must be examined physically and that naked. Nausea and vomiting are useful symptoms. Gall stones occur most frequently in the middle aged, in women oftener than in men, though all ages are subject to them, even infants. Insufficiency of bile passage, as shown by jaundice and clay colored stools. Jaundice is an important sign but not always present. A distended gall bladder is a cause of congratulation as to diagnosis, for more often it is contracted. Deep pressure on the gall bladder under the ribs with the thumb of the left hand will show tenderness.

Study the pains rationally and thoroughly as to type, quality, quantity and periods. It is a variable symptom. There is an aching pain confined to the region of the gall bladder, intensified by sudden pressure, difficulty in getting a long breath when the finger is pressed against the gall bladder. This pain is easily confused with a pain in the stomach, as it comes on more frequently after eating and is often relieved by

vomiting or lavage. The suffering is more violent the more intense the inflammation. In slight pain the infection is confined to the gall bladder. If acute and wide spread the infection has attacked peritoneum and adjacent structures. The subscapular regions, the epigastrium, even the neck and right arm are the subject to referred pain. In most cases of gall stone there is tenderness on the right of the 12th dorsal vertebra an inch and a half or two inches from the spine, but none on the left. An attack of gall stone colic is easily recognized. The causes of the colic are thus classified (quoted from Moynihan's text):

"1. Adhesions of a gall-bladder no longer containing stones. There is a circumscribed peritoneal irritation, with abdominal distension, more or less severe vomiting, and pain.

"2. Adhesions when large stones are present in the gall-bladder and the cystic duct is patent.

"3. Inflammatory processes in a gall-bladder distended by fluid or stones, when the cystic duct is occluded by inflammation or by the presence of a stone in the neck of the gall-bladder.

"4. The transit of a stone through the bile passages.

"5. The inflammation of a dilated, calculous common duct, or its tributaries, without impaction of the stone."

Other surgeons think spasm of the duct is the cause of the colic. After a distinct case of colic other gall stones are nearly always found in the bladder on operation.

The only treatment is an operation. More patients die from neglect to operate than from the operation not to count the suffering.

### **Immunity of Coal Miners from Tuberculosis.**

Dr. M. C. Carr has made a study of tuberculosis among coal miners. (Correspondence Jour. A. M. A., Dec. 16th, 1905.) His own observations and replies from two hundred physicians of ten years and over experience in treating miners in Bituminous coal, leads him to the conclusion that such workers are practically immune to tubercular affections during the time actively engaged in the mines.

Another interesting note is the fact that a few hours stay in the tunnel immediately after firing a shot, breathing the smoke and gas generated will materially relieve whooping cough.

### **The System of American Hospital Economy.**

(*Med. Record.*)

GERSTER compares the larger hospitals of New York, Philadelphia and Boston with a daily cost of maintenance of over \$2.00 per patient with similar institutions in Germany and Austria where the daily cost averages 35 cents. He admits the great difference in the buying capacity of money here and abroad but states that the difference cannot depend entirely upon this fact. He compares the management of the two systems. Those abroad are supported by taxation and are under government supervision, ours are supported by voluntary contributions and managed by a board of lay trustees with little or no medical representation. The foreign institutions have a high priced medical director, paid assistants, or chiefs who are personally in charge of the patients, volunteers or recent graduates in medicine who serve for board and lodging for an

indefinite period and finally it is compulsory for medical students to serve a period in the hospital as under assistants. In American hospitals we have a lay superintendent and an ever changing house-staff. He is not in favor of throwing the burden of all hospital maintenance on the tax payer but thinks that our institutions have sufficient plasticity to permit of adaptation to our conditions of what is found commendable abroad. He mentions instances of extravagant abuses which have been carried on in American hospitals and states that the natural and only effective guardians of the thousand and one outlets, now standing open day and night, can and must be the men on the visiting staff. What the numerically magnificent visiting staff cannot accomplish, two or three paid men would easily perform for each hospital and halve the total expenses.

### **Essential and Paroxysmal Tachycardia.**

MORRISSEY states that tachycardia may be classed under two heads, namely. Essential and Paroxysmal, and this classification may be subdivided into true and false. That true tachycardia finds its best illustration in permanent disease of the heart muscle, the false may be produced by causes far removed from the heart.

There are certain definite peculiarities which distinguish true tachycardia from the evanescent "heart hurry" so frequently produced by the most trivial causes. (1) The attack is sudden in its onset, reaching its height almost immediately. (2) The patient may or may not be entirely unconscious of the great degree of palpitation. (3) There

is generally a definite period covered by the attack. (4) The reversion to the normal condition is as sudden as the onset, the vestiges of the storm through which the patient has passed rapidly disappearing. He states: In conclusion that the treatment of tachycardia is that of the condition from which it arises, or with which it is associated; but we must remember (1) that essential tachycardia is not accompanied with indigestion; (2) that paroxysmal tachycardia and the forms of tachycardia accompanied by signs, no matter how slight, of Basedow's disease, are very frequently associated with dyspepsia; (3) that extreme cardiac arrhythmia frequently occurs without any indication of stomach disease, and (4) that tachycardia in its various grades is, however, often but a symptom, a prominent expression of a neuropathic state which requires to be approached for treatment from many sides.

### Vomiting of Pregnancy.

BUFERD claims (Memphis Medical Monthly, Oct. 1905) that there must be a central cause for vomiting of pregnancy, and that it must be chemical in its nature, brought in direct contact, by the blood, with the nucleus of the vagus in the floor of the fourth ventricle, the vomiting center. Cell multiplication is the result of conception and the different changes and appropriation of the needed elements by the mother and foetus leaves certain end products of metabolism that are chemical irritants.

From his studies the following conclusions are reached:

"1. That the *casus casus* of vomitus gravidarum is not a reflex, but the by-

product of anabolic cell metabolism, which acts centrally, as does apomorphia.

"2. That the nephritis which is a usual concomitant of vomitus gravidarum, and is itself the result of hyperhydrochloria, is the cause of deficient elimination.

"Of course the postulate that defective nutrition is an accepted fact. conditions is an accepted fact.

"The therapeutic endeavor should be directed to relieve the cause. This is best done,

"1. By lavage of the stomach thoroughly three times daily with alkaline, antiseptic solutions.

"2. Baths and massage to enable the skin to assist the kidneys.

"3. By exercising freely in the open air.

"4. By diet of proper quantity and quality.

"The induction of abortion to relieve vomiting of pregnancy I have never seen justifiable, and is mentioned here only to be condemned."

### Coltres from the Blood in Typhoid.

DUFFY bases his report upon the examination of eighty-eight cases. His conclusions are as follows: 1. *Bacillus typhosus* is present in the blood in all cases of typhoid fever in the second and third weeks, when the temperature "fire group" of bacteria (*Bacillus alcaligenes*) are present in a considerable percentage of the cases after the second week, at first accompanying *Bacillus typhosus*, then supplanting it. 3. Later in the disease cocci may be in the blood. 4. *Bacillus coli communis* is never present in the blood of typhoid patients.



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### Calix Sulphurata U. S. P., as a Preventive of Yellow Fever.

(Alabama Med. Jour.)

WAUGH states that in studying the reports made by the yellow fever commission, in Havana, his attention was attracted by the statement that in some instances the mosquitoes could not be induced to bite certain persons. No explanation of this singular fact was offered. At this time a pharmacist wrote to him from Alaska, stating that people here were in the habit of applying to the exposed surfaces of their skin solutions of calcium sulphide before going into the open air, during the period when the mosquitoes were active, that by this means they enjoyed immunity from the ferocious insects. He states that during the build-

ing of the Yazoo and Mississippi Valley Railroad, malaria prevailed among the employees to such an extent that at one time it was thought the work would have to be abandoned. The laborers were in the habit of drinking water from the bayous. Artesian water was introduced and the malarial infection stopped except among those who used the bayou water. This has been held up as an instance of where the mosquito is not the sole cause of malaria. He attributes the cause to the well known fact that the artesian waters of the Mississippi Valley are generally noted for the odor of sulphurelled hydrogen which they emit. He gives calcium sulphide in doses of from 1-6 to 1-7 grain repeated every half hour until the characteristic order, indicates the saturation of the patient.

# The Carolina Medical Journal

A Monthly Journal of Medicine and Surgery.

VOL. LIV.

CHARLOTTE, N. C., JANUARY, 1906.

No. 1

Address all communications and make all funds payable to THE CAROLINA MEDICAL JOURNAL.

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## EDITORIAL.

### Some Common Remedies—Sulphate of Magnesia.

In this day of elegant pharmaceuticals and the ubiquitous and oily tongued representative of the manufacturing houses of physicians supplies, we are prone to neglect many of the commoner every day remedies that are of value. This is brought about by the persistency with which the newer preparations are pushed by the manufacturing concerns, and by an idea that our patients will appreciate something more than simple household demedies, the force of both these causes is recognized. They are, together with some other influences, driving out many old and time-honored remedies that have stood the test of time and the usefulness of which cannot be questioned.

Prominent in this class is the sulphate of magnesia (Magnesii Sulphas) the

common Epsom salts to be procured in almost any place where goods are sold. As a household remedy it is perhaps the most popular of medicines, being in almost universal use, especially so in county districts. The people generally know it as a safe and efficient purgative, and use it more or less freely as such before the calling of the doctor.

Its efficiency as a cathartic is well recognized by both profession and laity, but its other virtues have not received the attention to which they are entitled. Outside of the idea before mentioned if

PALATABLE MAGNESIA SULPHATE.—  
than a household remedy, perhaps the unpalatability of the salt has much to do with the want of its use. For those dispensing their prescriptions the following formula may be of service, clipped from one of our exchanges:



PALATABLE MAGNESIA SULPHATE.—  
Dr. E. P. Carlton, of Keyeser, Wis.,  
gives the following as perfectly dis-  
guising Epsom salts:

R Magnesii sulfatis	℥xxxij
Fluidi cardamoni comp	℥ij
Vanillin	gr. xx
Garantose "crest," Merck	℥ij to iv
Alcohol	℥ij
Glycerin	℥ij
Coffee, roasted and ground	℥ij
Aqua, q. s. ad	1-2 gallon

Stir the coffee in a half gallon of boiling hot water, and allow it to stand for 10 or 20 minutes, adding enough of it while still hot to the magnesium sulfate to make about 3 1-2 pints. Dissolve the vanillin in the alcohol, add the glycerin, and then the cardamom. When the first solution has cooled somewhat, add the second mixture to it. After shaking, add the garantose and enough of the coffee infusion to make a half gallon. Filter through a covered filter. The mixture keeps well.

A tablespoonful of this mixture gives two drachms of the salts.

Thirty years ago on the suggestion of a layman we gave Epsom salts for toothache with beneficial results. At the time and for several years afterwards we thought the result was from the well-known action of the remedy in all acute inflammatory conditions by lowering blood tension, but an extended use leads to the belief that it has a direct effect in allaying pain. We would not go as far as one writer and claim it as a sovereign remedy for pain, but do often use it with special reference to its relief.

The surgeon probably appreciates the salines, of which this salt is the chief, to a greater extent than the physician, and always prefers to have the bowels thoroughly cleansed with the magnesia salt,

as being the most effective, before an operation, more especially one of the abdominal cavity.

Its action in the various dropsies is well known, but the local effect upon anasarca is not so well recognized. In the clinical notes of the Medical Council (Nov. 1905) is given some extracts from a work on Epsom salts, by Burgess, detailing local use with several patients. A tablespoonful of the salts was dissolved in a pint of water, and the edematous limbs bathed freely with beneficial results. It reduces the swelling of feet and ankles in pregnancy and Burgess claims that pain in the lungs, congestions of many kinds, fever blisters, nasal catarrh, neuralgia, etc., are relieved by this local application. Incipient blood poisoning, is relieved by internal and external use. A man with a cold bathed all over with the solution and the cold was gone before he could get his clothes on. A carbolic solution—salts, one ounce; carbolic acid, fifteen drops; water, one pint, relieves pain of tooth ache and neuralgia.

We have not tried the remedy in all the affections as given by Burgess, but can indorse its external use in many conditions. A sponge bath of a magnesia solution before retiring is beneficial in nervous conditions, restlessness and some cases of insomnia.

One writer recommends it for cough, especially those of a dry hacking character. He combines it with bichromate potash. Salts, one ounce; carbolic acid, twenty drops; bichromate potash, three grains; water, one pint. Dose one teaspoonful every 2 hours. We have no personal experience with it in this line.

We prefer broken doses of the magnesia to the full purgative dose given

at one time, often giving not more than twenty or thirty grains. A favorite with us is Sol. magnesia, one drachm; water, two ounces. Give tablespoonful every thirty minutes. In the first stage of dysentery this is often the only remedy required, occasionally to be followed with one or two full doses of opium.

Dr. S. J. Nultzer, according to an editorial in the New York Medical Journal (Dec. 16th, 1905) read a paper before the New York Academy of Medicine on Dec. 7th, 1905, on the "Anesthetic properties of sulphate of magnesia." If this paper had been published we have not seen it and the notes here made are from the editorial in question.

While the form of the salt used in these experiments and observations were made with the purified product instead of the common Epsom salts, the subject of discussion here, the results are analogous to the experience of observers in the local use of a solution of the latter.

Dr. Nultzer was lead to make these experiments from observing that certain metallic salts exerted an irritive action upon exposed nerves, and the salts of magnesium not. Instead, on trial they were found to have not only an effect of sedation and inhibition, but that of profound anesthesia also; local anesthesia when injected subcutaneously and anesthesia of the lower extremities when injected within the meninges of the spinal cord, deepening into profound anesthesia and loss of consciousness when large doses were used.

It has been used in twelve operations on the human subject. At first small quantities of ether or cholroform were used to complete the anesthesia but latter were found unnecessary. One cubic centimeter (about a quarter of a tea-

spoonful) of a twenty-five per cent solution to each twenty-five pounds of the patient's weight injected within the meninges of the spinal cord was the average dose required to produce in the parts below the level of the injection complete anesthesia, persistent enough to admit of a prolonged operation.

It is not without danger, but the respiration is the only function injuriously affected. Dr. Nultzer claims as its chief advantage, the wide margin between the point of efficiency and that of danger. He recommends only the spinal variety at present and awaits developments as to its subcutaneous use.

It may have other properties than that of an anesthetic as the rochidian injection in a case of tetanus has not only relieved the suffering but recovery has apparently followed.

It is to be hoped that further studies will give us in this salt a safe and efficient anesthetic.

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### Uniformity in Quarantine Laws Needed.

Several lessons can be learned from the recent epidemic of yellow fever in the Mississippi valley, chief among them being the necessity for concerted action upon the part of officers of the various State Boards of Health. In most things we are an advocate of state's rights and all that it implies. We do not carry our adherence to this principle to the extent of jeopardizing the health and lives of the citizenship of a neighboring commonwealth holding as we do that private interests must be subservient to the public's good.

Each State has its own public health regulations, and while there is a similarity in them and the ultimate end of each is the preservation of the health

of its people, the mode of reaching this end, and the administrations of the laws are variant. In the presence of a virulent epidemic, such as we know yellow fever to be, liable to spread rapidly and widely, neither knowing or recognizing State lines, action that will protect the whole threatened district is essential to properly meet and stay its progress. The present mode of State quarantine has proven a failure and it is doubtful if uniform State quarantine laws, i. e., the laws of the different States relative to quarantine similar or identical, would meet the indications.

The consensus of opinion seems to be that the national government should have control of quarantine matters in accordance with the resolutions of the Chattanooga convention, the full text of which is appended. There was but little objections to the passage of these resolutions and the medical press has pretty freely endorsed them.

We make a short abstract from an editorial on the subject in the December issue of the Memphis Medical Monthly. It is apparent that federal control is more effective, and it is not lessening the dignity of the State in the assumption of the general government of this task. Expediency and local interests will not affect the general government as they do our State boards, and the hope is expressed that the present Congress will pass a bill covering these points!

Following is the full text of the quarantine resolutions which were unanimously adopted by the conference of Southern States, recently held at Chattanooga, Nov. 9th:

#### QUARANTINE RESOLUTIONS.

Whereas, The experience of recent years, and especially the experience of

this year, have demonstrated beyond cavil that the house mosquito, known as the *Stegomyia fasciata*, is the sole known cause of yellow fever epidemics and have demonstrated the futility and nuisance of many antiquated methods of quarantine hitherto resorted to, and the wisdom and necessity, in the interest of the public health and the public business, of uniform regulations to prevent the importation into the United States of yellow fever and its spread from State to State in the unfortunate event of its introduction; now, therefore, be it

Resolved, That we, delegates from Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, Missouri, Maryland, North Carolina, Tennessee, Virginia and West Virginia, hereby respectfully request the Senate and House of Representatives in Congress assembled to enact a law whereby coast maritime and National frontier quarantine shall be placed exclusively under the control and jurisdiction of the United States government, and that matters of interstate quarantine shall be placed under the control and jurisdiction of the United States Boards of Health.

We, furthermore, respectfully request that Congress shall make adequate appropriation to enforce and perfect the objects of this memorial and to stamp out as nearly as practicable the yellow fever-memorial and to stamp out as nearly as practicable the yellow fever-yellow fever-carrying mosquito in its breeding or living places in the United States, and by negotiating arrangements with the governments of Central and South America and the West India Islands, in places where the said mosquito has its breeding places or exists in said countries.

Resolved, second, That we urge on the Legislatures of the several Southern States that they make quarantine regulations as nearly as possible in accord and conformity as hereinafter enacted.

We, furthermore, urge the Governors of the said several States with the above object in view specifically to call the attention of the Legislatures of their respective States to the wisdom and policy of this course.

### Scopolamin as an Anesthetic.

The recent studies in the use of Scopolamin in combination with morphine as an anesthetic indicate that we have in this alkaloid a usefull adjuvant in the production of general anesthesia. While not a new drug its use in connection with the production of anesthesia has recently brought it into more prominence. Scopolamin hydrobromid is the form employed and was first isolated from Scopola (U. S. Pharmacopea, 8th Revision), and other plants of the order Solonaceal. It is identical chemically with hyoscin hydrobromid and there is no valid reason for the new name of Scopaliamin (U. S. Dispensatory). The use of the remedy under the name of hyasein especially in the treatment of insanity and alcoholism is well known.

Its use as an anesthetic dates back to 1900, but it is only within the past two years it has attracted much attention. The manner of its use is by hypodermatic injection, 1-100 gr. of the Scopolamine hydrobromid and 1-6 gr. morphine being administered in three equal doses. The first dose two and one-half hours before the operation, the second one and a half hours, and the third a half hour before operating. In this connection it is well to

state that both the U. S. Dispensary and the Pharmacopea give the average dose as 1-128 gr. It is very unstable, will not keep long in an aqueous solution, should be kept in well stopped amber colored glass bottles, and is best dispensed in tablets making a fresh fresh solution for each administration.

The above is the plan approved in a general way by most writers, though there are minor variations. Scopolamin of itself will not produce analgesia, but in combination with the morphine it induces general anesthesia sufficient for most operations, though most operators prefer the use of a small amount of ether or chloroform to complete the anesthesia. One writer condemns the use of ether after scopolamine as it is a vasomotor dilator and ether induces more or less pulmonary congestion.

Its clinical effects are a drowsiness after the first dose, sleeps soundly after the second, and is insensible to pain after the third. There may be slight consciousness and the patient is easily aroused therefore conversation should be avoided. Complete relaxation is not produced so it is not applicable in very delicate operations where a movement would jeopardize the result.

The physiological action of Scopolamine is given by Steinbuechel as follows:

"1. Small doses raise blood-pressure by stimulating the vasomotor center. Large doses lower it by influencing the cardiac excitomotor mechanism.

"2. The pulse is usually slowed a trifle, but is ordinarily not influenced by small doses. Large doses cause a vagus pulse.

"3. The cerebral cortex is rendered less excitable when stimulated by the



faradic current. Sleep is induced, but not analgesia.

"4. Respiration is not influenced by small doses. Large doses slow respiration.

"5. Sweat, mucus, and saliva secretion are markedly diminished.

"6. Mydriasis is induced.

"7. The motor end-apparatus supplying the intestine is paralyzed, and the tone of the splanchnic increased.

"8. The drug is excreted by the kidney."

The advantages of its use are these: There is a quicker and easier production of the anesthetic state. The narcotic condition is smoother and more profound. It requires much less of the general anesthetic, often none at all, a disideration of great importance. There is but little retching and vomiting. The patient is quieter after the operation, sleeping four to six hours. The recovery from the effects of the anesthetic are more prompt and untended with excitement. There is less pain and in convenience from the operation for the first twenty-four hours.

The great disadvantage of the remedy is that it is not entirely safe. Quite recently one or two deaths have been reported, and the Medical World (editorial, Dec. 1905) states that fourteen deaths in fifteen hundred administrations have been reported. The advocates of its use claim that the remedy should not be condemned in toto because of these untoward results. All new proceedings must be worked by pioneers in special fields, and this is no exception. Extended observations and further experimentation with the remedy should not be condemned in toto for general use. The idrocynrasies of patients as regards hyasein are men-

tioned by one writer and as these are quite frequently found. The dangers of the use of the Scopolamin with such should not be lost sight of. Until the matter of its use is better settled we join in the advice of the Medical World that the general practitioner should let scopolin severely alone.

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[Note—Owing to a strike on the part of the printers our October number of the printers our October number contained a great many errors. The following editorial from the pen of Hubert A. Royster was so badly produced that we are constrained to present it to our readers again in justice to them and Dr. Royster.—Ed.]

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### Three Rules for Medical Writers.

Far be it from the present incumbent, by offering unsought suggestions or gratuitous criticism, to offend those who contribute to the literature of medicine. It is a fact, however, that medical writers do have faults. They are chiefly of commission, not omission. With a view of calling attention to some glaring ones, the following rules, though not entirely original in substance, are given in their terse and simple form for what they are worth:

I. Begin where your subject begins and quit where it leaves off. In other words cut out the introduction and perorations. The world is constantly suffering from the pain caused by people who will not come to the point. Avoid the statistical bureau method on the one hand and shun the exhaustive encyclopedia on the other. While running from the choppy sentences of Carlyle, see that you plunge not headlong into MacAulay's rhetorical periods.

II. Do not go back to Hippocrates and Galen. We have troubles of our own. Every paper on a special theme is not supposed to be a treatise on medical history. When this is attempted, even in part, the article is apt to be thrown away before being finished and condemned as "re-hash." There is too much doing now and we are living too fast to get it all in. If you will look up the matter you will

find that somebody has already arranged and classified everything and rendered due credit to Aesculapius.

III. Remember that the harder it is for you to write, the easier it is for the reader to read. Turning it off the reel or scribbling it down with facile pen sounds well, but teasing it out with a sharp dissector is necessary for its perfect digestion. Prune, polish and pickle whatever is to be read.—H. A. R.

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## Editorial Spirit of the Medical Press.

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### The Law of Consent in Regard to Operations.

Moyer, in an editorial (Medicine, December 1905) thus formulates the necessities to be observed to prevent malpractice suits following operations: The decision may be a narrow one when the patient consents to an operation on one organ and another is removed, as, for instance, where the surgeon removed both ovaries because both were found diseased, when the patient had consented to the removal of one. The surgeon must keep within the scope of authority given him or surround himself with safe-guards, showing he was employed to perform such operations as might be found necessary. The consent of the husband must be obtained for an operation on the wife, and the consent of the parents or guardians on children and those incapacitated by mental weakness. In opening the abdomen it is not always clear as to what will be found necessary and the surgeon should secure consent to do whatever is found necessary. At times the court holds that the wife's consent is all that is necessary, even under the positive prohibi-

tion of the husband, but it is not wise to operate under these circumstances as litigation might follow.

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### Discovery of Surgical Anesthesia.

As to who is entitled to the honor of being the first to induce general anesthesia for a surgical operation is a moot question that has been under discussion for some time and is one that will not stay settled, Dr. J. McF. Gaston, in a signed editorial in the *Cyclopedia of Medicine* (November, 1905) gives a communication from Dr. R. J. Massey, the Nester of Medicine in Georgia, and comments on the same.

Dr. Massey goes back fifteen hundred years to the time when the Chinese used Indian hemp for the purpose of annulling pain, and gives a resume of the efforts to produce an anesthetic condition for surgical operation. The Greeks and Romans used Mandragera in the shape of a vapour applied to the nose, and three hundred years before the time of Sir Humphrey Davy, to whom some ascribe the honor of originating anesthesia, Bullion wrote in England of the possibility of putting patients to sleep to be cut for the stone

under a combination of mandragera, opium, etc., in the shape of a vapour to be applied to the nose. Several American physicians showed that sulphuric ether would produce insensibility, Goodwin 1822, Mitchel in 1832, Jackson in 1833, Wood and Bache in 1838. Dr. Crawford W. Long, of Georgia, was the first to use ether to prevent pain in a surgical operation in October, 1842. Morton, a dentist, followed in 1846.

Dr. Long's diffidence, being adverse to publicity or notoriety, kept him from pressing his claims as the originator of surgical anesthesia. He felt it beneath the dignity of a Southern gentleman to parade his name in the newspapers of the day. Mr. Massey gives an array of circumstances and occasions of the first public claims of Dr. Long's friends for the credit of being the originator of surgical anesthesia, with the endorsements of several medical societies and individuals.

Dr. Gaston's conclusions are that whatever the suggestions of Sir Humphrey Davy or Michael Faraday as to the possibility of producing insensibility by the use of sulphuric ether, the fact that Dr. Crawford W. Long removed a tumor from a man named Venable and that he had no pains in undergoing this operation, is the great fact that led to the use of ether by Morton and all others who followed Long.

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#### A Plea for the Children.

The New York Medical Journal (December 16th, 1905) in treating editorially the diminishing birth rate over which political economists and statesmen are so much concerned, takes the ground that small families are not an

unmixed evil. A moderate birth rate is coincident with the improvement of the status of women and a higher estimate of child life. The more advanced the type, the less fertile it becomes in humans as well as in lower animals. Civilization emphasizes the quality and worth of the individual, while natural law attends only to the preservations of the race, and is prodigal and careless of the individual. In countries of excessive birth rates the woman's position is inferior and infanticide and desertions are common.

The world owes much to childless men and women. There have been the saints of the world, the philanthropists, founders of colleges, great writers, leaders and thinkers of the race.

The patter of civic virtue with twelve unkempt children and jaded, careworn wife has been held up for our admiration long enough. Without decrying matrimony we may now speak a good word for the respectable celibate, which demonstrates that there are two sides to a question.

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#### A Sad Departure.

Under this heading, Bryce, of The Southern Clinic (December 1905), deplores the fact that so many old physicians after years of right living, go to the bad, and he cannot find a reason for it. The young physician's fall does not create so much surprise but the doctor who has practised for thirty or forty years without dishonoring himself in his profession, should not give up in his last days. Several veterans in his own state have been charged with criminal abortion for the money they could get out of it. Great must be the fees or dire the necessity that causes this condition.

Too many older physicians are slaves to drink or drug habits. Their training and experience should enable them to resist these evils.

We have noticed these evils to a slight extent, and they are to be deprecated. For the abortionist there is no excuse. He goes into it calmly and with his eyes open. The financial stress under which he labors may be great, but still it does not justify him. The "dope" habits grow on the victims insensibly; a hard day's work and a cold night ride before opportunity is offered for rest and recuperation is a great temptation to a stimulant. Many days or even weeks of hard work, accompanied with anxieties, financial depression, etc., call for aid of some kind, and it is generally a stimulant. We do not justify the doctor in taking it, but we have some sympathy for him.

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### Bedside Versus Laboratory Diagnosis.

Dr. Carter, editor of the Cleveland Medical Journal (December 1905) sounds a timely note of warning against the tendency to substitute laboratory methods of making a diagnosis for bedside observation. The utility of the laboratory is freely acknowledged, but it is only a link in the chain and usually the last link to be forged. The younger men of the profession are prone to use the laboratory when it is neither necessary or expedient. The diagnosis of disease must ever remain bedside diagnosis. Often expedition in treatment is demanded and the physician must be trained in the use of his five senses at the bedside. Make the diagnosis at the bedside if possible and use the laboratory for confirmation and when in doubt.

### Bitters as an Aid to Digestion.

The New York Medical Journal (December 16th, 1905) calls attention to some recent laboratory experiments confirming the old theory that bitters aided digestion. This was a clinical fact known to older practitioner but laboratory experiments indicated that they had no effect.

Fuller investigation made very recently show that if food is given immediately after the administration of bitters, there is a decided increase in the flow of gastric juice and also that the amount of hydrochloric acid in the secretion is considerably augmented. Since both experience and laboratory investigation prove their utility, we may no longer neglect them in the gastric inadequacy termed hypochloridia.

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### Pace That Kills.

Dr. Simmons, of the Journal A. M. A., asks (December 9th, 1905), the question, what is the pace that kills? His answer is that it is not so much the "hurried life" and the "strenuous life" that produce the premature decay and death of the American business man. It is not business that kills, but intemperate living of every kind. It is excessive play of the emotions and the unrestrained gratification of the appetites that chiefly contribute to the premature fatalities. Hard work is beneficial to health, and the trained physician is not deceived by these untimely deaths. Duty and responsibility demand that we keep these old truths well to the front. To which we say, Amen.

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In typhoid fever spontaneous rupture of the spleen may simulate intestinal perforation.—*Am. Jour. Surg.*



**Copyrighted Medical Papers.**

The Central States Medical Monitor has some criticisms on the fact that one Dr. H. G. Graham, of Elm Dale, Kansas, published a paper in the Cincinnati Clinic he had read before a medical society and copyrighted the same. The author has a right to copy-right his paper, but if it is a meritorious paper it is difficult to see why he should not desire it reproduced. Was the paper copyrighted before it was read or was it an after thought? An author should be proud to give journals an opportunity to reproduce profound scientific facts for their readers. At any rate it is strange that a doctor should read a paper before a medical society and then have it copyrighted, and in this we concur.

**St. Louis Courier of Medicine on Medical Journalism.**

We commend the spirit of an editorial in the St. Louis Courier of Medicine for October, on the Journal of the "American Medical Association," and with the editor deprecate the harsh criticisms that are made in regard to the organ of the national association. The association is above any one jour-

nal and medical journalism will be compelled to adjust itself to the wants of the association. Dr. Zahorsky recognizes this principle in his own section in the publication of a State journal by Missouri Association. The welfare of the State Association is paramount to the interest of his journal and he will not impede the progress of the profession by bitterness towards the official journal.

**Alien Emigration and Health.**

Taking the introduction of yellow fever into this country during the past year by undesirable immigration as a text, the editor of the Memphis Medical Journal Monthly reasons that there is room for vast improvements in our emigration laws, especially in the relation of the emigrant to the public health. A comparison is made of the Chinese and Japanese, cleanly people who have never introduced a contagious disease into our country, and who are excluded, and the low class of aliens that have brought many loathsome diseases to us.

But then our law makers rarely consult doctors in the framing of laws.

**Editorial Notes and Comments.****Race Suicide in France.**

Figures of the birth rate in France, published recently, show the increase in population is lower than in any previous year. For thirty years there has been a regular retrogression of births, from 960,000 to 818,000. The deaths for 1904 numbered 761,000 only 57,000 less than the births and is a slight increase over the deaths in 1903. What

this relative depopulation of France means is giving the scientists and statesmen concern, but no practical solution has been suggested. The reason for the existing conditions is given in a lay communication as follows:

"The real reason is not economic (though, of course, the division of property among the children under French law has something to do with it); it goes much deeper than that.

Civilization—If that is the right name for it, or at least, the knowledge of good and evil—has reached a point in France unattained by any other nation. Doctrines touching upon the limitation of population are openly discussed, and the child is not brought into the world unless there is at least a pewter spoon in its mouth. It is the excess of thrift, the overcare for the morrow, that is the secret of the situation."

### Compliments to the Medical Profession.

The Raleigh Evening Times, in a recent issue, says some nice things of the doctor in an editorial on "The Doctor's Fee." The editorial was called forth by the action of the city of Memphis presenting Dr. Harvey Jones a purse of ten thousand dollars in recognition of his services in maintaining a prohibitive quarantine against yellow fever during the recent epidemic. This action is commended as worthy and the question is asked, Why are there no monuments to doctors?

The appreciation of the services of other classes finds recognition and expressions of esteem, but the physician does more for the community and is less praised, less rewarded and sooner forgotten than any other class. The work of the profession is commented on and the treatment he receives at the hands of the public condemned.

A few extracts from the editorial are here given. Speaking of the want of appreciation, he says:

"Perhaps the secret of this lies in the very sympathy and the very help in time of need that radiate from the person of a good physician, as love glows from the brow of a good wo-

man. The physician's work, perhaps, is too intimate to meet applause. He goes down into the dark places. He lives in memories of hand to hand battles with death. Strong and smiling and with almost a divine confidence he wards away despair; and, when the fight is lost, he goes out with that most infinite pathos in his face of one who, beaten a hundred times, to be beaten yet again, knows nothing and believes nothing of surrender to the inevitable. Such services make their appeal and win their gratitude as man to man, voiceless mostly, living in a hand-clasp, swimming in wet eyes, told by a passing touch on the sleeve. With the instinctive taste of simple hearts, the reverence of the people for their doctors is too personal for clamor. The doctors themselves seem to tell it in their manner that they would have it so. Touchy in their professional standards, martinets in ethics, proud as Lucifer in their independence, quick as Hotspur at affront, your physician in his dealings with the people he serves is almost always modest, self-effacing and—till when danger signal goes up—the most diffident of men. Then, in the twinkle of an eye, does he become autocrat, general, soldier in the ranks, laborer on the works. He commands abuses and compels. Without intention and with the perfect grace of unconsciousness he becomes great without even reaching up. Yet, as the hero of a mass meeting or the victim of a brass band, he would be nothing but hands and feet and blushes. And it is much better that it is so."

The indebtedness of the world to the doctor is given in glowing language with this as his reward:

"And the world wags on, taking it all, giving nothing back, absorbing and forgetting, except as parents sometimes look upon a sleeping child and, in the rush of their tenderness, remember a day when—but who shall speak the beauty of a wordless prayer?"

"People don't build monuments to physicians; their deeds walk about the earth, forgetting and remembering, suffering or glad, making sunshine or bringing shadow, loving and dying, but carrying to their innumerable graves, each of them, the chance that God gave it to the physician to give."

These utterances are the more appreciated by the profession, coming as they do from the busy editor of a large daily paper, who himself must have in his character much of the milk of human kindness to thus turn aside to speak a word of good cheer for a fellow worker in an unappreciated sphere, for editors rarely receive their just deserts for the labors performed in behalf of the State and public.

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### Consolidation.

The Central States Medical Magazine and the Medical and Surgical Monitor, both of Indianapolis, Ind., were consolidated with the November (1905) issue under the name of the Central States Monitor. Dr. S. E. Earp, former editor of the magazine, is editor of the new journal, and Dr. S. P. Sherer, who was managing editor of the Monitor, is on the editorial staff as associate editor.

Both these journals were valued exchanges, and we wish the combination the fullest fruition of their aims and purposes in the consolidation, greater usefulness to the profession and continued success in a financial way.

### Eighty-Third Volume of a Medical Journal.

Gaillard's Southern Medicine, published in Savannah, Ga., closed its eighty-third volume with the December 1905 issue.

We remember this journal in the earliest days of our professional life under the management of its founder, Dr. E. C. Gaillard, with much pleasure. It was one of the first medical journals reads as a medical student, then known as the Richmond Medical Journal. It has always been a favorite with the profession of the Southern States. May it continue in its career of usefulness.

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### Louisiana Board of Health Resigns.

The entire Board of Health of Louisiana, with one exception, resigned on December 2nd, in answer to criticisms of the board's management of the yellow fever epidemic. The report to the Governor declares that no attempt was made to suppress the knowledge of the existence of the fever when it once became convinced that it did exist.

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### Champion Baby.

Dr. J. R. Gott sends to the Medical World a photograph of what he claims to be the Champion Baby. The age is given as 13 months, weight at birth 8 1-2 pounds, present weight 102 pounds, and measures 34 inches around the waist. This prodigy is a native of Tennessee. No history of parentage or of the etiology of the excessive size is given.

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In an acute condition simulating intestinal obstruction, if a large mass can be felt in the abdomen think of omental torsion.—*Am. Jour. Surg.*

### Cough.

By Francis W. Campbell, M. A., M. D.,  
D. C. L., L. R. C. P., London.—Dean  
and Professor of Medicine, Faculty  
of Medicine, University of Bishop's  
College.

It is not always an easy matter to decide upon the cause of a cough, and, therefore, sometimes a difficult matter to relieve or cure it. Many patients go about their work, appear in excellent health, and yet suffer more or less from a persistent irritating cough. Examination of the chest in these cases does not show anything abnormal in the respiratory murmur. Examination of the throat often reveals an elongated uvula which is frequently cured by a simple astringent gargle, and the cough disappears. Again, examination reveals congestion of the vocal cords, and a soothing inhalation of a teaspoonful of compound tincture of benzoin in a tea-cup of hot water frequently causes the cough to be relieved in a short time. But the general practitioner, especially during the winter or spring, meets with a great many cases of cough, the cause of which he cannot fathom. He calls it an irritating cough, but the cause of the irritation is a mystery. Experience will soon show that it is irritating to both the patient and physician. To the latter because he finds that it continues in spite of his best efforts, and at last, the patient drifts from one Physician to another without getting relief. Eventually he takes his case in his own hands, and buys from druggists some of the numerous cough remedies they have for sale. Still no relief, and he finds his stomach thoroughly out of order because opium has been

a constituent of the quack mixtures he has taken. Nature, the *vis medicatrix naturae* possibly comes to his aid, the cough disappears, but no thanks to his doctor or his own prescribing. This is a brief sketch of what I know occurs to hundreds of physicians, as it certainly has to me. Among the late remedies for this class of cases is heroin, and it certainly has proved a valuable addition to our materia medica. There are many combinations in use of which heroin is the chief constituent. Some, in my opinion, are not to be recommended for general use. What is needed is a safe and efficient preparation whose action is positive and definite. Such a combination we have in Glyco-Heroin (Smith), made by Martin H. Smith Co., of New York, to which my attention was drawn about a year ago. Each drachm of this mixture contains heroin, gr. 1-16; ammonia hypophos., hyoscyamus, white pine bark, balsam tolu, glycerine, ad 3i. The astringent properties of white pine bark are of peculiar service in inflammations of the respiratory tract. It also is of use in arresting the night sweats of phthisis. Balsam of tolu is an aromatic stimulant, useful in chronic bronchitis or in the advanced stage of the acute disease. Altogether this mixture has, in my hands, proved to be of the greatest value, and at least a dozen of my medical friends to whom I have recommended it are loud in its praise. I give below the report of a few out of many cases in which I have used it. I may state that the first case is that of the writer.

Case I.—F. W. C., aged 62 years, general health good. On the 23d of January, 1901, about 10 p. m., visited



one of the worst fires Montreal has had for years; was exposed to great heat for about fifteen minutes, when he left to return home. Had to stand some minutes waiting for an electric car, and found that the body, which had been perspiring freely, began to feel chilly. On reaching home lighted a cigar, but before smoking half of it, was seized with a very severe rigor. Went to bed, and the rigor lasted at least twenty minutes, when it left; no perspiration followed. Passed a restless night, and, in the morning, feeling quite ill, sent for a medical friend, who found my temperature  $102^{\circ}$ , pulse 100, respiration 28, and evidently pneumonia in the anterior part of the right lung. It is needless to follow the case minutely. Briefly, the whole anterior portion of the right lung became involved, and the inflammation extended to the hepatic peritoneum. It was a serious condition for a man of 62 years, and for several days the outlook was ominous. But a good constitution, good treatment, and splendid nursing brought about a favorable termination. There, however, remained an irritative spasmodic cough without expectoration, which was most annoying, as it disturbed sleep, and, therefore, retarded convalescence. To relieve this condition a mixture containing a couple of dilute hydrocyanic acid with half a teaspoonful of paregoric was prescribed with but little relief. I then prescribed for myself, changing the mixture several times, getting some relief from day attacks, but at night the cough was bad as ever. Seeing in one of my medical journals an advertisement of Glyco-Heroin (Smith). I sent for a sample to New York, as it was not to be had in any drug store in Montreal. I soon received through the post office four

ounces, and within forty-eight hours very marked relief ensued, and by the time I had used the four ounces I was almost well. Four ounces more completely cured me. I have kept a bottle of it in my house even since, and two or three times during the year a threatened return has been promptly relieved by two of three doses of a teaspoonful, which is the proper quantity for an adult.

Case II.—Miss A. P., about 24 years of age, has been a patient of mine all her life. For the last four or five years has every spring been attacked with a spasmodic cough which lasted from two or three months which I failed to relieve. Thinking possibly that there might be trouble in the throat, beyond my view, which might be the cause of the cough, I sent her once to Dr. Birkett, throat specialist. He reported that his examination was negative. The cough as usual continued till the weather became very warm. Last spring she consulted me for the same cough, and told me very candidly that if I failed to relieve her she would try some one else. I prescribed Glyco-Heroin (Smith), four ounces, and before she had finished it she was completely cured. She, so far this spring, has had no occasion to consult me.

Case III.—J. L. F., a physician (specialist), consulted me in August, 1891, for a hoarse spasmodic cough, which was most aggravating both by night and day. He feared whooping cough, as his sister's children, who resided in the same house, were all down with the disease. I prescribed for him four ounces of Glyco-Heroin (Smith). Within a few days he reported to me that he was fifty per cent better. I think that he repeated the same quantity

twice by which time he was practically cured.

Case .IV—F. I. B., aged about 58 years, an old soldier, now employed as watchman in a safe deposit company. Has had repeated severe attacks of acute bronchitis. In December, 1901, sent for me—diagnosis, acute bronchitis. Bronchial rales all over anterior and posterior chest. Cough severe, expectoration characteristic. Ordered **croton** oil linament to chest, front and back, and gave a mixture of **vin ipecac**, **vin antimon.**, tinct. of **aconite**, and syrup of squills. For five days this treatment was followed without the slightest improvement to any of the symptoms. I then prescribed **Glyco-Heroin**. The following day when I made my visit the patient exclaimed on my entering the room: "Doctor, why did you not give me that medicine before? It has given me immense relief." And so it had; the cough was greatly diminished; the expectoration much less. Before he had finished a second four ounces I allowed him out of bed, for he was practically convalescent.

Case V.—W. McG., aged about 65, consulted me in January, 1902, for a persistent irritative cough which had persisted since October last. He had been under the care of his family physician without relief. I placed him on **Glyco-Heroin**—a four-ounce mixture cured him perfectly.

I have brief notes of at least a dozen such cases in which marked relief followed the use of **Glyco-Heroin** (Smith), but the above will suffice to show that in it we have a most valuable therapeutic agent.

Dr. George Hall, of Point St. Charles Montreal, whose attention I drew some

months ago to this valuable preparation, sends me the following brief notes regarding its use in his hands:

1. In three cases of tuberculosis, where the cough was very troublesome, especially during the night,  $\text{3i}$  dose of **Glyco-Heroin** (Smith) was given before retiring. Not only was the sleep better, but the "night sweats" were diminished in severity and the sputum more easily expelled on rising.

2. L. L., æt. 17—Acute Laryngitis. —Commenced coughing at 11.20 p. m., coughed almost incessantly until 1.20 a. m. (2 hours),  $\text{3i}$  **Glyco-Heroin** (Smith) given, cough ceased in about ten minutes, and patient slept until 7 a. m. without coughing once in the interval.

3. Two cases of chronic bronchitis, treated with the usual remedies for about four weeks, with little benefit. **Glyco-Heroin** (Smith) given in  $\text{3i}$  doses every fourth to sixth hour, expectoration was freely established and cough subsided. At the time of writing both cases are apparently cured; in one case one month has elapsed, in the other two months.

4. J. F., æt. 6.—Whooping Cough. —Five drops of **Glyco-Heroin** (Smith) every third hour relieved the paroxysms; the duration of the latter were shorter and farther apart.

### Pneumonia.

"The pneumonia season is rapidly approaching. Soon the various journals will be full of the statistics of past years in regard to the prevalence and fatality of this disease. The pathology and etiology will be thoroughly gone over, but, judging by the past, most writers will have very little that is encouraging to say as regards treatment.

"Several points, nevertheless, must be kept in mind. Whatever drugs are used internally (and this depends very much upon the individual case), the patient must have plenty of fresh air. Do not be afraid of his taking cold on account of the cold air blowing across his face. It is now considered that this is impossible. Also, whatever drugs may be used, keep the body warm with suitable clothing, and use externally some preparation which will cause a comparative lessening of blood-pressure in the lungs. Cold applications, beside lowering the vitality of the patient, cause a depletion of the superficial vessels and consequently increase the hyperemia in the lungs themselves. Our attention then would be drawn, per contra, to hot applications. To the most of these there are very great practical objections, such as their inconvenience, their tendency to grow cold very rapidly, and the fact that they must frequently be renewed, thereby disturbing the patient's rest to his manifest detriment.

"We have found but one form of hot application which seems to us to entirely fill the bill, and that is Antiphlogistine. By its means the vitality of the body is conserved, the blood is attracted to the surface and away from the lungs (its hygroscopic action remarkably enhancing this effect), and the tone of the heart's action is maintained. Beside this, its frequent renewal is not necessary, and the patient's rest is not thereby disturbed. Practically we know that by its use the patient is made much more comfortable, the fatality is much decreased, and if abortion of the disease is possible, we believe it can be accomplished better by this means than by any other."—*Kansas City Medical Record*, October, 1905.

### **The Value of Gude's Peptomangan in the Treatment of Anaemia.**

By Hugo Summa, A. M., M. D., St. Louis.

Professor of Pathology, Pathological Anatomy, and Bacteriology, Marion-Sims College of Medicine; Physician to the Evangelical Deaconess Hospital; Pathologist to the Rebekah Hospital.

The year 1893, with the publication of the results of very careful chemical investigations of the conditions of the blood itself by Professor von Jaksch (1), the well-known author of the Handbook on Clinical Diagnosis, marks a new era in our understanding of the various anæmic processes. Our former vague knowledge of these conditions was molded into definite shape and form chiefly by his successful effort to elucidate all the characteristic features common to the various forms of anæmia. He was thereby enabled as the first one to give a definition of this, up to this time, so pliable and undoubtedly much-abused term, anæmia.

Anæmia, in the broadest sense of the word, includes all those processes characterized by a decrease in the amount of albumin and by an increase of the liquid part of the blood; in other words, hypalbuminæmia and hydæmia are conditions present in all forms of anæmia, and this holds good not only in cases of primary anæmia, like leucæmia and chlorosis, but also in all so-called secondary anæmia.

This discovery enables us to understand the hitherto empirical fact that the treatment of anæmia requires not only or exclusively the administration of iron, but that all the metabolic processes, especially the introduction and assimilation of albuminous substances,

must be increased, should the treatment be followed by success. But just this part of the treatment is exceedingly difficult, since one of the most constant symptoms which we met with in the various forms of anæmia is a more or less high degree of anorexia. This anorexia completes the "circulus vitiosus" so frequently observed in clinical pathology, a circulus vitiosus which must be understood in each individual case in order to be amenable to successful treatment. or it is evident that a continuous anorexia will lead to insufficient nutrition, to sub-nutrition, thereby constantly increasing the condition of hypalbuminæmia.

The anorexia is, however, a natural sequelæ of this abnormal condition of the blood, in consequence of which, at least in the greater number of cases, the secretion of hydrochloric acid is decidedly diminished (2).

In the treatment of these cases, therefore, we must constantly bear in mind the condition—hypalbuminæmia. In order to facilitate the increase of albumin in the blood, notwithstanding the anorexia already existent, its administration in the form of easily assimilated peptones would be most rational.

Prompted by this thought, I began in the spring of 1893 to make use of Dr. Gude's preparation, known as pepto-mangan, in most all cases of anæmia that came under my observation, with the exception of those accompanying or following of those infectious diseases, such as tuberculosis, or of malignant tumors, such as cancer, etc. I collected from my clinical record thirty-four cases. The greater number of these were closely observed, not only as to the influence of the remedy upon the subjective symptoms, but also as to its effects upon the blood by

careful examinations which I carried out with the aid of Gartner's hæmatokrit.

This excellent instrument, which requires the use of Professor Gartner's Kreisel (spinning top) centrifugal machine, enables, in a very accurate manner, a determination of the volume percentage of the red blood-cells within about ten minutes.

I prefer this method of determining the efficacy of a remedy against anæmia to the old method of counting the red blood-corpuscles.

Although, generally speaking, the number of the red blood-corpuscles bear a certain proportion to the volume percentage, yet it would be wrong to identify both. In blood diseases especially, the knowledge of the volume percentage is undoubtedly of great importance.

During the above-mentioned period I observed neither cases of leucæmia nor of pernicious progressive anæmia. The thirty-four cases I treated with pepto-mangan were partly cases of chlorosis and partly secondary anæmia, occurring chiefly after subacute malaria and typhoid fevers.—*New York Medical Journal*.

### Sanmetto In Enuresis.

I administered Sanmetto in a case of enuresis—male, six years of age—on whom other experiments had already been tried. The mother reports great satisfaction. The prescription for Sanmetto was only duplicated once and not all of the second quantity used. Thanks from the friends Sanmetto made and the doctor who prescribed the preparation as well.

E. ELLIS, M. D.

Chicago, Ills.



### Honesty in Proprietaryship.

There is nothing illegitimate, nothing unethical, nothing in doubt for any physician when called to prescribe Mariani Wine. It is precisely what it is represented. For nearly half a century Mariani has stood honorably before the medical profession as synonymous with all that is good and best in Coca. He has specialized it, and has endeavored to raise it from its empirical uses in the light of science.

He has been not only abreast but in advance of the laws. He has placed upon each bottle a label showing clearly the analysis as made under the French Government. Such an analysis is obligatory on the continent of Europe, and a similar safeguard should be obligatory from medicinal remedies everywhere. In this country certain State laws here, from time to time, necessitated an analysis of proprietary preparations, and the examinations of Vin Mariani as made in France, Germany, Russia and elsewhere have in such instances been confirmed, thus showing absolute purity and reliability. Notable instances are the Ohio Pure Food Commission, the State Board of Health of Pennsylvania, and, more recently, the Illinois Pharmacy Board. This is significant testimony when taken in conjunction with the startling reports made by Dr. H. W. Wiley, Chief of the Bureau of Chemistry of the Department of Agriculture, in which an alarming adulteration in whiskies, wines, etc., is shown. A physician should know absolutely what he is employing, he should not only guard himself but his patients against imposture. Mariani Wine is offered the medical profession as a mild nutritious tonic wine of uniform quality and guaranteed purity.—Coca Leaf, January, 1904.

### Neuralgias Alcohol and Opium Excesses.

A recent number of The Quarterly Journal of Inebriety, published under the auspices of the American Association for the Study and Cure of Inebriates, Hartford, Conn., U. S. A., says: "Antikamnia Tablets are one of the best remedies and are very valuable as a mild narcotic in neuralgias from alcohol and opium excesses. We have used them with best results." The Edinburgh Medical Journal (Scotland) says regarding Antikamnia: "In doses of one or two tablets, it appears to act as a speedy and effective antipyretic and analgesic." The Medical Journal, London, Eng., says: "Our attention was first called to this pain reliever by an American physician whom we saw in consultation regarding one of his patients who suffered from locomotor ataxia. He told us that nothing had relieved the lightning pains so well as antikamnia tablets, which at that time were practically unknown in England. We have since used them repeatedly for the purpose of removing pain, with most satisfactory results. The average adult dose is two tablets which may be repeated every two or three hours without fear of unpleasant symptoms."

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### Elongation of the Uvula.

As a gargle in sore throat or elongation of the uvula, Kennedy's Dark Pinus Canadensis has very general endorsement, the usual proportion being teaspoonful to glass of water.

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Battle & Co., of St. Louis, announce the appearance of the 8th of their series of twelve illustrations of Intestinal Parasites free to practitioners on application.

## BOOK REVIEWS.

**PATHOGENIC MICRO-ORGANISMS**, including BACTERIA AND PROTOZOA, a practical manual for students, physicians and health officers, by William Hallock Park, M. D., Professor of Bacteriology and Hygiene, University and Bellevue Hospital Medical College, and Director of the Research Laboratory of the Department of Health, City of New York. Assisted by Anna D. Williams, M. D., Assistant Director of the Research Laboratory. Second edition, enlarged and thoroughly revised, with 165 engravings and 4 full-page plates. Lea Brothers & Co., New York and Philadelphia, 1905.

This work, as the title page would indicate, has been written for the student and physician rather than for the laboratory worker. Perhaps no one is better qualified to write a work of this character than Dr. Park, director of the Research Laboratory of the Department of Health, City of New York, and Professor of Bacteriology and Hygiene, University and Bellevue Medical College. He very aptly states in the chapter on the procuring of material for bacteriological examination from those suffering from disease, that a long experience has taught him that physicians very frequently take a great amount of trouble, and yet, on account of not carrying out certain simple, but necessary precautions, make worthless cultures or send material almost useless for bacteriological study. He states that the past few years have added greatly to our knowledge of the two classes of pathogenic micro-organisms, bacteria and protozoa, representing respectively the lowest forms of the vegetable and animal kingdom. The

importance of the protozoa is now recognized, not only because of the diseases known to be caused by them, but also because of their possible connection with the examthemata and syphilis. He has combined both subjects in one volume, the section on protozoa being written by Dr. Williams and Mr. Goldhorn.

**BERG'S SURGICAL DIAGNOSIS.** A manual of Surgical Diagnosis. For students and practitioners. By Albert A. Berg, M. D., Adjunct Attending Surgeon to Mt. Sinai Hospital, New York. In one 12mo volume of 543 pages with 215 engravings and 21 full page plates. Cloth, \$3.25, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

Dr. Berg is exceptionally well qualified to furnish a most practical and useful book, by reason of the fact that the surgical service of one of the largest and most perfectly appointed hospitals is, and has been for years directly under his observation. The wide range of his experience and the broadness and accuracy of his knowledge are clearly reflected in the completeness and precision of this manual. It is a work admirably adapted to the needs of the student and equally valuable to the general practitioner or surgeon as a concise and trustworthy guide in the diagnosis of all surgical affections.

The author has also presented the methods of diagnosis of kidney function, the diagnosis of diseased conditions of the kidney from the appearance of the ureteral orifice, the early diagnosis of tuberculous diseases of the articular ends of bones, etc., which it is hoped will be of especial interest to

every practitioner of surgery. Consideration of the best method of developing the subject for his readers has led him first to give a concise clinical picture of each disease, including its cause, onset and course, and in certain cases the accompanying pathological changes. In each instance he has indicated the points of difference between the disease under discussion and other diseases which might be mistaken for it.

Aseptic methods and improvements in operative technique have during recent years brought the internal organs within the range of successful treatment, and this enlargement of the surgical field has necessitated the introduction of new methods of diagnosis and improvements upon the old. In the present volume the author has endeavored to cover the whole subject concisely and in its most modern development.

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PROGRESSIVE MEDICINE, Vol. IV. December, 1905. A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 367 pages, 41 engravings, and 5 full-page colored plates. Per annum, in four cloth-bound volumes, \$9.00; in paper binding, \$6.00; carriage paid to any address. Lea Brothers & Co., Publishers, Philadelphia and New York.

This number marks the completion of the seventh year of this practical and highly meritorious publication. We have noted constant improvement in its make up from its inception and now we find it to be all that could be de-

sired as a resume of the best that appears in medical literature of the world. For 1906 the plan and scope of the work will not be changed; Dr. Hare will continue his able editorial control. This number contains a digest of recent literature on "Diseases, Stomach, Bowels, Liver, Pancreas and Peritoneum," by J. Dutton Steele; "Genitourinary Diseases," by Wm. T. Belfield; "Diseases of Kidneys," by John Rose Bradford; "Anaesthetics, Fractures and Dislocations," by Jos. C. Bloodgood; "The Practical Therapeutic Referendum," by H. R. M. Landis, bring the subject of therapeutics up to 1906.

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THE PRACTITIONER'S VISITING LIST (Heretofore known as the Medical News Visiting List) for 1906. An invaluable, pocket-sized book, containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. The Weekly, Monthly and 30-Patient Perpetual contain 32 pages of data and 160 pages of classified blanks. The 60-Patient Perpetual consists of 256 pages of blanks alone. Each in one wallet-shaped book, bound in flexible leather, with flap and pocket, pencil and rubber, and calendar for two years, \$1.25. Thumb-letter index, 25 cents extra. By mail, postpaid, to any address. Descriptive circular showing the several styles sent on request. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

Being in its twentieth year of issue, The Practitioners' Visiting List embodies the results of long experience and study devoted to its development and perfection.

It is issued in four styles to meet the requirements of every practitioner; "Weekly," dated for 30 patients; "Monthly," undated, for 120 patients per month; "Perpetual," undated, for 30 patients weekly per year; "60 Patients," undated, for 60 patients weekly per year.

The next portion of *The Practitioners' Visiting List* for 1906 has been thoroughly revised and brought up to date. It contains among other valuable information a scheme of dentition; tables of weights and measures and comparative scales; instructions for examining the urine; table to eruptive fevers; incompatibles, poisons and antidotes; directions for effecting artificial respiration; extensive table of doses; an alphabetical table of diseases and their remedies and directions for ligation of arteries. The record portion contains ruled blanks of various kinds, adapted for noting all details of practice and professional business.

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**HARE'S THERAPEUTICS.** A text-book of practical therapeutics, with especial reference to the application of remedial measures to disease and their employment upon a rational basis. By Hobart Amory Hare, M. D., B.Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, Physician to the Jefferson Hospital, etc. New (11th) edition, enlarged and thoroughly revised to accord with the eighth decennial revision of the U. S. Pharmacopœia, 1905. In one octavo volume of 910 pages, with 113 engravings and four colored plates. Cloth, \$4.00, net; leather, \$5.00, net; half morocco, \$5.50, net. Lea Brothers & Co., Philadelphia and New York, 1905.

Dr. Hare possesses the invaluable faculty of intuitively discriminating between the practical and the impractical. This is what every physician and student most desires to learn, and everyone also wishes to be spared the labor of sifting for himself. It is not surprising that the writings of an author who tells his readers what they want to know, and who puts facts directly and simply, should be in great demand. Hare's *Therapeutics*, for example, has come to its eleventh edition in fifteen years. Such rapidity of sale has enabled the author to keep his book always abreast of the times, a most important matter in so progressive a subject as *Therapeutics*. In the new edition just at hand it has been thoroughly revised to accord with the new U. S. Pharmacopœia.

The volume is divided into two main sections, the first dealing with drugs, remedial measures and foods for the sick and the second with applied therapeutics, or the use of drugs in the treatment of disease. Each section is arranged alphabetically to facilitate reference, and the two are closely cross-referenced, so that complete information on any point is easily found. There are two indexes, one of Drugs and the other of Diseases and Remedies. The later is annotated, and thus affords at a glance a suggestive list for selection of the most appropriate agent according to the indications of the case. It would be difficult to conceive of a work answering the needs of students and practitioners better than this, either in plan or execution.

The volume is printed in clear type on good paper and neatly bound. The engravings are well executed, clearly elucidating the text, and the four colored plates are of high order.



**PHYSICAL DIAGNOSIS**, including DISEASES OF THE THORACIC AND ABDOMINAL ORGANS. A manual for students, by Egbert Le Fevre, M. D., Professor of Clinical Medicine and Associate Professor of Therapeutics in the University and Bellevue Hospital Medical College; Attending Physician to Bellevue and St. Luke's Hospitals; Consulting Physician to Beth-Israel Hospital; Member of the New York Academy of Medicine, etc. Second edition, thoroughly revised and enlarged. Illustrated with 102 engravings and 16 plates. Lea Brothers & Co., Philadelphia and New York, 1905.

Dr. Le Fevre has very fittingly dedicated his book, "To my former students whose insistent 'why' furnished the incentive for this work." The reviewer is one of those former students and it gives me great pleasure to attest to the clear and concise method by which Dr. Le Fevre makes you yourself answer the "why," both in the classroom and in his splendid volume on Physical Diagnosis. He does this by laying special emphasis on the altered anatomy of the organs under examination and their relation to the physical signs. The respiratory and cardiac sounds, their production and modifications, both normal and pathological are discussed more fully and clearly than in most books of moderate scope, since, unless the student clearly understands how these sounds are produced, the tendency is to regard each variation from normal as pathognomonic of a special disease rather than as dependent on changes in structure or function which may be present in conditions not necessarily pathological. In this way only can diagnostic values be estimated and the range and limitations of Phy-

sical Diagnosis be understood. The work includes the subjects of Inspection, Palpation, Percussion and Auscultation. The new addition has been thoroughly revised, the series of illustrations has been enriched and attention has been called to recent modifications in methods of examination.

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### Annals of Surgery.

The November number of the *Annals of Surgery* is largely devoted to the surgery of the gastro-intestinal tract having articles on these subjects by Mayo, Campbell, Elliot, Delatour, Dobson, Munro, Bowr, Japson, Beer, Marcy. The other articles are "Splenectomy for Myelogenous Leukaemia," by Richardson; "Fracture of a Phalanx," by Wyeth; "As to the Necessity of Consent to Render Surgical Operations Lawful," by Shields. These articles make an especially attractive number of our leading surgical periodical.

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### Air Embolism.

This *bête noir* of surgeons is liable to occur from operations in the axilla, about the base of the neck or the cerebral sinuses, especially when the veins are put on the stretch or general anesthesia is not employed. The accident is marked by a hissing noise and the bubbling of air in the wound. There is sudden heart failure, with a "churning" systolic sound in the heart, irregular respiration and dilated pupils. Convulsions may precede the fatal issue. Nancrede directs to fill the wound with water or blood by a squeeze of a sponge, compress vein with fingers and clamp with forceps; use artificial respiration, lower the head and give strychnine and atropine.—*Denver Med. Times*.

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Just what is Needed by the Busy Practitioner.

AN  
ANTIDOTE  
FOR RHEUMATISM  
AND  
GOUTY CONDITIONS.

*B* Acid salicylic. Ext. physaloca.  
Quinina. Ext. Colchicum.  
Res. Podophyl. Fr. Capsid.

*Pil:* Arthrosia is indicated in all  
conditions of rheumatism, gout  
and rheumatic gout.

DOSE: 1 to 2 PILL  
60 c. per 100.

*Pil:* Arthrosia.

For  
ANEMIA.  
CHLOROSIS.  
PHTHISIS.

*B* Ferri Sulph. Potass. Carb. aa. 15 grs.  
Dose 1 to 2.

*Pil:* Chalybeate furnishes the best  
form of iron as indicated in  
above diseases.

It is highly assimilable.  
Specify "Warner."

40 cents per 100.

*Pil:* Chalybeate.

FOR  
ENFEEBLED  
DIGESTION

*B* Peppis Cocoon. 1 gr. Gingerine, 1-15 gr.  
Fr. Nox Vom. 1/4 gr. Sulphur, 1/2 gr.

DOSE—1 TO 2.

For indigestion due to an enfeebled  
digestive tract, faulty secretion  
of gastric juices or to flatulence  
as regards diet.

60 c. per 100.

*Pil:* Digestiva.

AN  
EFFICIENT  
CATHARTIC.

*B* Oxaria 1/4 gr. Aloin. 1/4 gr.  
Podophyl. 1/4 gr. Strych. 1/4 gr.  
Gingerina 1/2 gr. Ext. Bellad. 1/2 gr.

Relieves hepatic torpidity, renews  
peristalsis.

An intestinal tonic mild in action.

DOSE: 1 TO 2 PILLS.

60 cents per 100.

*Pil:* Cascara Cathartic.

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## Miscellaneous.

### The Way to Sponge Fever Patients.

When about to commence to sponge a fever patient the exact temperature of the body must first be noted. For tepid sponging the water prepared should be from 80° to 90° F. Remove all personal clothing from the patient and place blankets both under and over him. Place beside the bed all basins, sponges and towels, or anything that may be required, as under no circumstances should a patient be left during an operation. Commence at the head and sponge downward exposing only one limb at a time. When the whole body has been sponged the patient should be wrapped in a warm blanket and left undisturbed for an hour or even longer. The temperature may then be taken again to ascertain how much it has been reduced. The same precautions should be used in cold sponging as in tepid. It will, however, be found advisable to sponge each limb over with tepid water before applying the cold, as it will then cause less shock to the patient. It is wise to keep a hot bottle at the patient's feet during sponging, as with the feet warm there is less fear of chill, and in the case of a fever patient there is always more or less danger of collapse. When the temperature has been reduced the body must be gently dried and a flannel nightgown put on. After a cold sponge the temperature may fall from 1 to 6 degrees; the colder the water the sooner the reaction takes place. Ammonia, cologne water or vinegar added to the water makes it more cooling by its rapid evaporation. Sponging can also be done by wringing towels out of cold water, dry enough not to drip, and placing them one after another from

the neck downward. When the feet are reached, begin again at the head and renew each in succession, continuing as long as necessary.—*The Hospital.*

### The Role of the Pneumococcus.

The investigations of the Medical Commission of the New York Health Department, which has been at work since October, 1904, has just made public its first report.

The personnel of this Commission is sufficient guarantee of thorough work done, viz.: Drs. E. G. Janeway, New York, chairman; Theobald Smith, Boston; J. H. Musser, Philadelphia; Wm. H. Welch, Baltimore; Frank Billings, Chicago; Thomas Darlington, F. P. Kinnicutt, H. M. Briggs, of New York.

The object of this research was to specially ascertain the role of the pneumococcus disorders. This special study was influenced by the statistics of the Health Department of New York, which shows a steady increase in the mortality from respiratory diseases in the last twenty years.

The special bacteriologists engaged by the Commission found many interesting phenomena. They found that a large percentage of healthy individuals harbored typical pneumococci, this being true both of city and country residents. They conclude that pneumonia is contagious, that the virulence of the pneumococcus was but little different in the healthy person and one ill with pneumonia.

The life of the organism was found to be less than two weeks shorter if exposed to sun light; they are easily disseminated by sweeping, dusting, etc., through the medium of the air.

Plenty of sun light and but little sweeping and dusting is indicated.

More pneumococci are found in the months from November to April.

This report is a valuable contribution to literature.—*Louisville Jour. Med. Surg.*

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### Rheumatism.

G. E. Malsbary says that the term rheumatism is used to cover a multitude of diagnostic sins, and that each case should be carefully analyzed so as to determine its exact nature before attempting a line of treatment. At least five distinct affections are comprised under this appellation, viz., (1) Acute articular rheumatism, (2) Chronic articular rheumatism, (3) Gonorrheal rheumatism, (4) Muscular rheumatism, and (5) Nodular rheumatism (arthritis deformans). The author describes the symptomatology of each of these groups in detail and then discusses the proper plan of treatment for each variety. His advice is: First, determine whether the disease is a rheumatism or some simulating affection, such as gout, arthritis, trichinosis, syphilis, tuberculosis, rickets, osteomalacia, or diffuse sarcomatosis or carcinoma. Second, classify the case among the recognized clinical forms of rheumatism. Third, if possible, find the cause or causes operative in the individual case, in order that the treatment may be rational. Fourth, watch the heart.—*Medical Record.*

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### The Ocular Origin of Migraine.

George M. Gould, Philadelphia (Journal A. M. A., October 28), notes the confusion that exists in regard to the conception of migraine in the literature, and is especially severe on the

neurologists and others who have not accepted eyestrain as its general prevailing cause.\* Of all atypical diseases, he says, migraine is by all odds the leader. That is, first, because its cause, eyestrain, is of a thousand different kinds and intensities, and second, because vision is so bound up in some way with almost every physiologic activity, every psychic and bodily function, that the symptoms produced by its derangement are most multiform. The infinitely varied morbid cause or seed is planted in an infinitely varied soil. He gives the history of the eyestrain theory of its causation, and quotes from a large number of writers who have reported cures of the condition by correction of ocular defects by proper fitting of glasses. He says "I could give the details of perhaps a thousand cases of 'migraine' or sick headache cured by glasses. I should say that 90 per cent of cases are immediately curable, and a large proportion of the rest curable in time, and as soon as the secondary systemic functional effects have been overcome. A few cases are incurable, because these secondary effects have become organic or too chronic to allow any cure. There are also rare cases in which mental reaction has become impossible."—*Medico-Chirurgical Jour.*

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When operating for empyema thoracis it is a good rule to aspirate again when the pleura is exposed and before it is incised. This may save some embarrassment.—*Am. Jour. Surg.*

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In excising a varicocele under local anesthesia, tie the upper ligature first; the pain of tying the lower ligature will then be abolished.—*Am. Jour. Surg.*



## SURGICAL SUGGESTIONS.

### SURGICAL SUGGESTIONS.

If an incised wound in the soft parts does not heal as readily as it should, examine the urine for sugar.—*American Journal of Surgery.*

When palpating the common bile duct for stone, make sure that a suspected calculus is not a gland.—*American Journal of Surgery.*

The Perinephritic space is a frequent site of metastatic inflammation after furunculosis or other septic infection.—*American Journal of Surgery.*

In the presence of a breast infection that fails to heal within a reasonable time after appropriate incision and dressings, it is well to think of local tuberculosis.—*American Journal of Surgery.*

It is wrong to perform any radical operation for an ulcer of the tongue without preliminary microscopic examination. Clinical symptoms, no matter how typical, are often misleading.—*American Journal of Surgery.*

In the progress of a cholecystectomy, **if a stone slips away after cutting through the cystic duct and cannot be found**, no great anxiety need be felt, for the stone usually comes away spontaneously in the subsequent discharge.—*American Journal of Surgery.*

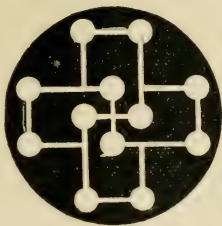
Before performing curettage always make a final bimanual examination of the uterus in narcosis. The finding may determine some other form of treatment. Again, after curettage, before allowing the patient to get out of bed, carefully examine the pelvis for signs of a possible exudate.—*American Journal of Surgery.*

As a final cleansing step after curettage of the uterus it is well to introduce, and at once withdraw, a packing of gauze. This brings out with it fragments of tissue not washed out by the irrigation.—*American Journal of Surgery.*

In exploring for tumors of the brain, the best guide for determining an isolated hardness is the finger; the use of a needle is very deceptive.—*American Journal of Surgery.*

Permanent contracture of the muscles, notably of the flexor group in the forearm, may develop within a very short time after the application of a splint that exercises undue compression. It is a wise rule to inspect all fracture dressings within twenty-four hours; and when this is not expedient special care should be exercised when applying the dressing, to avoid compression.—*American Journal of Surgery.*

In dealing with infections of the hand bear in mind that under a simple bleb may lie an extensive phlegmon, threatening, or actually involving, a tendon or bone and urgently needing a generous but wisely placed incision; while on the other hand, a tendon may be thrust from its protecting sheath into the area of destruction by a knife sweep more earnest than judicious. A crater-like opening in a sodden skin, though freely discharging pus, may need enlarging to protect the tissues underlying; while another opening, too long continued by unnecessary packing, may cripple a joint or tendon by undue cicatrization.—*American Journal of Surgery.*



## Crude Mechanical Processes

are powerless to aid the digestion of fats. According to Dr. N. S. Davis, Jr., emulsions "made by mechanical processes or by simple suspension of the oil in fluids thickened with gum arabic, sugar, and other viscid substances, do not aid digestion. An emulsion made with pancreatic extract may do so."—*Cohen's Sys. of Physiologic Therapeutics*.

That's why Hydroleine—the pancreaticized emulsion of cod-liver oil—is so greatly superior to the ordinary mechanically-formed emulsions. Hydroleine is always digestible. Write for sample and literature. Sold by all druggists.

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In cases of fracture where an end of the bone lies close beneath the skin do not place a pad or any pressure whatever over this point.—*American Journal of Surgery.*

Repeated attacks of coughing after tracheotomy may mean irritation of the posterior wall of the trachea by the tube; change the length or shape of the canula.—*American Journal of Surgery.*

In the aged pain and disability in the arm after traumatism demand especial care in examination of the shoulder. Fracture of the head of the humerus is often overlooked.—*American Journal of Surgery.*

If a small child has been pulled by the arm and thereafter has disability in that member, attention should first be directed to the upper end of the radius. Here one is apt to find a subluxation of the head of the bone ("pulled arm") or an epiphysial separation.—*American Journal of Surgery.*

Aluminum instruments should not be boiled in soda solution, like other instruments. They are to be sterilized by boiling in plain water or by passing them through an alcohol or Bunsen flame.—*American Journal of Surgery.*

The use of an "invalid table," the shelf of which projects over the patient's body, will be found a great convenience during operations as a receptacle for instruments in immediate use. It saves time and temper, and avoids accumulation of instruments on the patient's body.—*American Journal of Surgery.*

The threading of catgut or kangaroo tendon through a needle-eye not very roomy may be made easy by cutting the suture end obliquely and flatten it between the handles of the scissors. Silk must not be cut obliquely, however, for this makes it apt to unravel while it is being threaded.—*American Journal of Surgery.*

## Medical News and Items.

### Tax on Nostrums.

The Commissioner of Internal Revenue on November 24 issued a circular, defining the duties of druggists, and manufacturers, relative to patent medicines containing large amounts of alcohol. This circular, which is addressed to all collectors of internal revenue, is supplementary to the order issued on September 12 last, when the Commissioner ruled that all dealers selling patent medicines which contain spirituous liquor as a chief ingredient must pay the federal tax, as retail liquor deal-

ers. It was also held that the manufacturers were liable to the payment of the special government tax. The order of September 12 was to become effective on December 1 of this year, but protests were received from a number of manufacturers and dealers, declaring that they had on hand large stocks of the so-called medicines, that they acquired them in good faith, and that the imposition of the government tax would cause them to suffer great loss. Accordingly, Commissioner Yerkes has directed that the rule be

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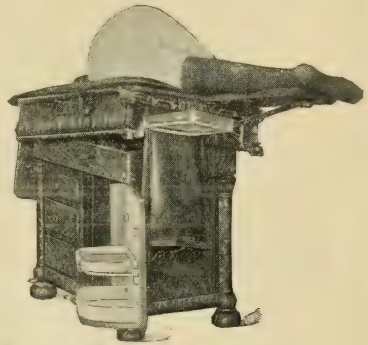
**CAROLINA MEDICAL JOURNAL**

CHARLOTTE, N. C.

not applied to manufacturers until January 1, 1906, and not to druggists and other dealers until April 1, 1906. For several weeks the International Revenue Bureau has been analyzing many patent medicines believed to contain alcohol or spirituous liquor as their chief ingredient. The analyses have not been completed in all cases, but a partial list of the medicines which fall within the terms of the Commissioner's order has been made public by the Bureau, and the articles on the tabooed list can no longer be handled without the payment of the special tax.—*Med. Record.*

The Tri-State Medical Society of the Carolinas and Virginia will meet at White Stone Lithia Springs, S. C., on Feb. 27th and 28th.

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DOSE: One to two teaspoonfuls three times a day

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**SULTAN DRUG COMPANY, ST. LOUIS, MO.**

### New Hospital.

In addition to the three small hospitals of excellent grade and several sanatoria, another addition has recently been made to the medical institutions of Asheville in the Asheville Medical and Surgical Institute, in charge of Drs. Lewis B. McBrayer and Willard P. Whittington.

### Indecent Advertiser Fined.

As a result of the prosecution of the medical firms who insert indecent advertisements in the St. Louis Press, which is contrary to a city ordinance, one of these practitioners has been fined \$50 and costs in the City Court. This crusade was undertaken by the city attorney as a result of resolutions introduced and passed by the St. Louis Medical Society. The next order of

business along this line will be the prosecution of the newspapers who insert the advertisements, as they are equally guilty under the ordinances referred to. It is worthy of note in this connection to observe that not a line referring to the above conviction was seen in the daily press, although such a conviction should naturally be regarded as a news item by the papers. Is this another indication of the "criminal alliance between the newspapers and the outlaw practitioners?"

Lincoln County Medical Society recently treated the members to a banquet given at the North State Hotel in Lincolnton. We are pleased to note the increase in social features in connection with our county medical societies.

**Personal.**

Dr. J. Howell Way, secretary of the Medical Society of North Carolina, has returned to his work at Waynesville after a brief vacation spent in the hospitals of New York.

Dr. Edward C. Register, Charlotte, has returned to his home after an extended tour of Europe.

Dr. Richard H. Whitehead, for ten years professor of anatomy in the University of North Carolina at Chapel Hill, is leaving the State to assume the chair of anatomy in the University of Virginia, to which he was recently elected.

Dr. Robert L. Gibbon, Charlotte, has been elected medical director of the Conservative Mutual Life Insurance Company of that place.—*Jour. A. M. A.*

**Inspection of Immigrants.**

Public Health Reports states that on request of the Secretary of the Treasury the Department of State issued the following amended instructions by telegraph, December 5, to the consuls at Liverpool, Southampton, Hamburg, Bremen, Antwerp, Rotterdam, and Havre, and a circular of instruction was issued to the other consuls at seaports in continental Europe and in Great Britain:

All immigrants from Russia must be detained five days at the port of embarkation from the United States under medical observation, and if during such detention any quarantinable disease appears or is suspected among them further detention and disinfection must be imposed, as provided by the Treasury regulations. If, however, the American consul or consular agent is satisfied that inspection of Russian immi-

grants and whatever disinfection of baggage that may be necessary has been accomplished at the Russian frontier to the port of embarkation to the United States may be counted in the five days detention required by the United States regulations.

**Committee of Physicians to Arrange Plans for Meeting of State Medical Society.**

At a meeting of Mecklenburg County Society, held in December, a committee of arrangements was named to prepare for the coming of the North Carolina State Medical Society, which meets in Charlotte next May. Dr. R. L. Gibbon was chosen as chairman and the following will assist him: Drs. Robert J. Brevard, John R. Irwin, W. O. Nisbet and E. R. Russell, and Messrs. Peter Marshall Brown and R. H. Jordan.

Dr. E. C. Register, being president of the State Society, he was made an ex officio member of the committee. The meeting of the State Medical Society next May in this city will be very largely attended. In fact, it is thought the largest attended meeting in the history of the society will be held here.

In view of this fact the committee named yesterday will have much to look after. From time to time there will be a meeting of this committee in order that all the plans for the reception of the physicians may be well looked after.

Mr. A. C. Henderson, for the last eight years a representative of Armour & Company's Laboratory Department in Indiana, Michigan and Northern Ohio, has been called into the office to succeed Mr. A. C. Tobin, who resigns to take up other work.

# Leather Furniture.

We make a specialty of Fine Leather Furniture for private homes, offices, clubs and societies. We can save you money and give the best.



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**A**T the opening of this Spring season we wish to extend an invitation to our friends, customers and the public in general to call on us and see the finest display of Spring Clothing, Furnishings and Haberdashery that we have ever had the pleasure of showing. Also a complete line of Hats, including all the latest styles in the celebrated Stetson Hats. Goods sent on approval returnable at our expense.

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Opposite Buford Hotel.

### The Tri-State Association.

The Tri-State Medical Association of the Carolinas and Virginia meets at White Stone Lithia Springs, S. C., last of February or first of March, 1906. Dr. H. A. Royster, of Raleigh, N. C., is president, and Dr. R. E. Hughes, of Laurens, S. C., secretary and treasurer. The following appointments have been made:

Chairman of Sections—North Carolina—Medicine, Dr. E. T. Dickinson, Wilson, N. C.; surgery, Dr. D. T. Tayloe, Washington, N. C.; obstetrics, Dr. C. A. Julian, Thomasville, N. C.; gynecology, Dr. J. E. Stokes, Salisbury, N. C.; eye, ear, nose and throat, Dr. R. V. Brawley, Salisbury, N. C.

South Carolina—Medicine, Dr. F. J.

Carroll, Summerville, S. C.; surgery, Dr. T. L. Potts, Spartanburg, S. C.; gynecology, Dr. R. A. Cathcart, Charleston, S. C.; eye, ear, nose and throat, Dr. W. P. Porcher, Charleston, S. C.

Virginia—Medicine, Dr. L. C. Pedigo, Leatherwood, Va.; surgery, Dr. J. Shelton Harsley, Richmond, Va.; gynecology, Dr. W. E. Anderson, Farmville, Va.; obstetrics, Dr. J. M. Robinson, Danville, Va.; eye, ear, nose and throat, Dr. J. F. Woodward, Norfolk, Va.

Medico-legal Committee—Dr. Jas. A. Burroughs, Asheville, N. C.; Dr. Davis Furmon, Greenville, S. C.; Dr. H. L. Robinson, Danville, Va.

Inoculation Committee—Dr. G. De Foix, Wilson, Spartanburg, S. C.; Dr.

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Committee on Delinquents—Dr. J. F. Wann, Cunningham, N. C.; Dr. W. C. Block, Greenville, S. C.; Dr. L. G. Frazier, Norfolk, Va.

Committee to report on president's address as to Precention of Typhoid Fever and Tuberculosis—Dr. F. J. Cleminger, Asheville, N. C., chairman; Dr. C. V. Reynolds, Asheville, N. C.; Dr. Z. H. Teague, Laurens, S. C.; Dr. H. H. Wyman, Aiken, S. C.; Dr. W. S. Gordan, Richmond, Va.

Subject for general discussion next meeting, "Rheumatism." Leaders of debate, Dr. J. P. Munroe, Davidson, N. C.; Dr. J. H. Allen, Spartanburg, S. C.; Dr. C. B. Earle, Greenville, S. C., and Dr. Virqunis Harrison, Richmond, Va.

The State Board Journal made its initial appearance with the September issue. It will be published monthly, from 921 Colorado Building, Washington, D. C.

This journal seeks to be the organ of the State Boards, student and college.

This bringing together each month

of news items relative to board requirements, changes, etc., will be of great service to many, especially candidates for licensure.

It will show the colleges the progress and workings of the boards before whom their graduates appear, thus enabling them to adjust their methods to the ever increasing requirements of the State Boards will be of great assistance to the new graduate in determining the probable scope of examinations.

## Many Convicted.

At the recent session of the Superior Court in Murphy, Cherokee County, N. C., more than 50 per cent of the practicing physicians of the county were placed on trial for illegal practice of medicine. All were convicted and the judge sentenced each to a term on the county roads of an adjoining county some 90 miles away, but enjoined the clerk not to issue any capias to enforce the road duty until complaint that attempts to continue the practice of medicine was made to him.

Dr. J. B. Brown, one of the oldest physicians in Robeson county died on Dec. 30th in Ashepole, where he had labored in the practice of his profession for many years.



**A Physician Rewarded.**

Dr. Heber Jones, president of the Memphis Board of Health, has been presented with a purse of \$10,000, subscribed by a large number of citizens, in appreciation of his successful efforts in maintaining a prohibitive quarantine during the recent yellow fever epidemic. Dr. Jones was compelled to give up his practice temporarily, owing to the exacting nature of his duties.—*Med. Record.*

**Yellow Fever in Cuba.**

Dr. Carlos Finlay, chief sanitary officer of Cuba, reports that the total number of yellow fever cases in Cuba since October 17 till December 14, is 57. Of these one developed in Matanzas City, another at Alacranes, and a third at Real Campina, Santa Clara province. All the patients apparently were infected in Havana. The largest number in treatment at any time, 22, December 6; December 14, only 16.

**Physicians Prescribe Whiskey.**

The recorder of Charlotte has inaugurated a campaign against physicians who give indiscriminate prescriptions for liquor. He says that four of the physicians of the city are issuing more than the other forty physicians of the city combined.—*Jour. A. M. A.*

Dr. Paul V. Anderson, Wilson, has recently been elected assistant physician of the State Hospital for the Insane, Morganton, vice Dr. Richard H. Speight, Jr., resigned.

Dr. J. F. Miller, superintendent of the Eastern Insane Asylum, at Goldsboro, died suddenly of heart disease on Jan. 9th, at the age of 71 years. He was one of Goldsboro's oldest and best

**Medical Schools Opened.**

beloved citizens, having practised medicine in that city many years prior to his election to the office of superintendent of the asylum about fifteen years ago.

The University of North Carolina Medical Department, Raleigh, opened its annual session September 14 with an address for its annual session September 144 with an address by Dr. Hubert A. Royster, dean of the faculty. Dr. Ralph S. Stevens has been added to the faculty as lecturer on pathology. North Carolina Medical College opened October 3 with an address by Dr. Isaac W. Faison, Charlotte, dean of the faculty.—*Jour. A. M. A.*

**A Dogless Town.**

Owing to the death from hydrophobia of a little girl in Hackettstown, N. J., the town authorities decided to exterminate all the dogs in the place. The dog that caused the child's death, it was learned, had bitten about fifty other canines, so that no less radical measures seemed safe. In two days seventy animals were killed, and it was expected that the remaining thirty or more would be promptly discovered and sacrificed.—*Medical Record.*

**Sentenced for Fraud.**

Dr. M. Avery, Salisbury, who was heavily fined in the Federal Court for frauds against the government and sentenced to three months in jail, was taken to Salisbury, October 7, to serve his jail sentence.—*Jour. A. M. A.*

**Hospital Opened.**

The private hospital of Dr. David T. Tayloe, located near his home in Washington, was opened with appropriate exercises week before last.—*Jour. A. M. A.*

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**HOWARD WINSTON, Sec'y U. Va.**

Radium is the source of life, in that the heat raps given off from the sun are due to the presence of the mineral, asserted Prof. George Howard Darwin, and professor of astronomy at Cambridge, England, in an address to the British association. Professor Darwin's theory is so widely at variance with the views held hitherto by scientists that his lecture created a sensation among his hearers.

### No Paupers in Japan.

With all our high wages and boasted civilization, the fact remains that you will see more wretchedly poor in any of our great cities in a day than you will see in Japan in a lifetime. In other words, you will see no destituton in Japan. Though some are very poor, yet all seem to be well fed, clothed and

housed and are invariably cheerful, and what is more surprising, invariably clean. There are no paupers in Japan, and, therefore, no workhouses or poor-houses, though there are many hospitals where the sick are healed gratuitously. Practically every one can earn a living. Would that we could say the same.—*Pall Mall Gazette.*

### The Retort Courteous.

“Look at me,” exclaimed the leading lawyer, warmly; “I never took a drop of medicine in my life, and I'm as strong as any two of your patients put together.”

“Well, that's nothing,” retorted the physician. “I never went to law in my life, and I am as rich as any two dozen of your clients put together.”—*Ex.*

P K

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Divide men into classes—physicians, lawyers, preachers, druggists, jobbers, publishers, manufacturers, etc., etc.

Would any man under the sun be guilty of stating that all physicians are alike, all lawyers alike, all preachers alike, or that all remedial agents of a class are alike?

What constitutes the difference between men of a class or remedies of a class?

Is the subject worth a second thought?

Prescribe Antiphlogistine.

Teacher—Tommy, something has got to be done about your behavior. I think today after school I shall call and see your father.

Tommy—It'll cost you \$2 if you do. Pop's a doctor; office hours, 5 to 7.  
—Puck.

## Selections From Our Exchanges

### Treatment for Electric Shock.

The Electric World and Engineer is the authority for the statement that accidental electric shock seldom results in death unless the victim is left unaided too long, or efforts at resuscitation are stopped too early, as in the majority of instances the shock is sufficient to only suspend animation and imperfect contact of the conductors, and also on account of the resistance of the body submitted to the action of the current. The rules given to the observed and promptly executed with care and deliberation are as follows:

"Rule 1—Remove the body at once from the circuit by breaking contact

with the conductors. This may be accomplished by using a dry stick of wood which is a non-conductor, to roll the body over to one side, or to brush aside a wire, if that is conveying the current. When a stick is not at hand any dry piece of clothing may be utilized to protect the hand in seizing the body of the victim, unless rubber gloves are convenient. If the body is in contact with the earth, the coat tails of the victim, or any loose or detached piece of clothing, may be seized with impunity to draw it away from the conductor. When this has been accomplished observe rule 2. The object to be attained is to make the subject breathe, and if this can be accomplished and continued, he can be saved.

# THE VALUE OF CYSTOGEN

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# GONORRHEA

is specially pronounced in those forms where gleet is the prominent symptom. Where gleet has involved the deep urethra and bladder, the influence of CYSTOGEN is evident in the rapid clearing of the urine and the disappearance of pus. When the urine is acid the addition of Lithia is of value and seems to aid the curative properties of CYSTOGEN.

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COMMERCIAL FORMS:

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Cystogen—Lithia (Effervescent Tablets).  
Cystogen—Aperient (Granular Effervescent Salt) with Sodium Phosphate.

"Rule 2—Turn the body upon the back, loosen the collar and clothing about the neck, roll up a coat and place it under the shoulders, so as to throw the head back, and then make efforts to establish respiration (in other words, make him breathe), just as would be done in case of drowning. To accomplish this, kneel at the subject's head, facing him, and seizing both arms draw them forcibly to their full length over the head, so as to bring them almost together above it, and hold them there for two or three seconds only. (This is to expand the chest and favor the entrance of air into the lungs). Then carry the arms down to the sides and front of the chest, firmly compressing the chest walls, and expel the air from the lungs. Repeat this maneuver at least sixteen times per minute. These

efforts should be continued unremittingly for at least an hour, or until natural respiration is established.

"Rule 3—At the same time that this is being done someone should grasp the tongue of the subject with a handkerchief or piece of cloth to prevent it slipping, and draw it forcibly out when the arms are extended above the head and allow it to recede when the chest is compressed. This maneuver should likewise be repeated at least sixteen times per minute. This serves the double purpose of freeing the throat so as to permit air to enter the lungs, and also by exciting a reflex irritation from forcible contact of the under part of the tongue against the lower teeth frequently stimulates an involuntary effort at respiration. To secure the tongue if the teeth are



clinched, force the jaws apart with a stick, a piece of wood or the handle of a pocket knife.

"Rule 4—The dashing of cold water into the face will sometimes produce a gasp and start breathing, which should then be continued as directed above. If this is not successful the spine may be rubbed vigorously with a piece of ice. Alternate applications of heat and cold over the region of the heart will accomplish the same object in some instances. It is both useless and unwise to attempt to administer stimulants to the victim in the usual manner, by pouring it down the throat."

### The Medical Profession,

The following occurs in Lester Wallack's play of "Rosedale." The speech is that of Dr. Matthew Leigh:

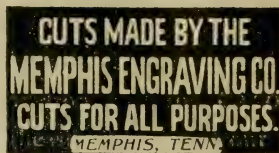
"Your profession, Doctor, is only inferior to—"

Doctor (quickly)—"Inferior to none, as noble an art, sir, as any that taxes the intellect of man. At all times, in all seasons, under every variety of circumstances, are our ministrations sought. The summer's heat, the winter's cold, storm and sunshine, night and day alike, witness our labors and attest our fidelity. Among the vehicles that throng your city's crowded streets a midday you may mark the roll of the physician's wheels, and in the small, still hours of the night you may hear here the sound of his foot fall as he traverses the deserted streets on some errand of mercy.

"The Navy? Is there a blood-stained deck without him?

"The Army? Is there a battlefield upon which he is not found?

"Nay, is he not often the last to leave the scene of battle, remaining a voluntary prisoner to the enemy whose



Engraved Invitations and Cards.

### Sander & Son's Eucalyptol Euc. Extract

Under the distinguished patronage of His Majesty, the King of Italy, as per communication made by the Minister of Foreign Affairs through the consul-general for Italy, at Melbourne, March 14th, 1878, and recognized by the medical division of the Prussian Government to be of perfectly pure origin, as per report transmitted to us through the consul at Melbourne, March 2d, 1878.

This distinction is unique proof of the unapproachable superiority and excellence of "Sander & Sons' Eucalyptol," and we beg the profession to discriminate between the mercantile eucalyptus [wood-oil] so often fraudulently dispensed in place of our "Eucalyptol."

Medical syndicates have long since verified and established the difference in properties and quality, and class these mercantile oils, now principally in use for mechanical purposes, among the turpentine, unfit for internal medication. The characteristic difference with these mercantile oils consists: "in want of pungent odor; in the alcoholic thin and mobile appearance, being reduced in specific density through the presence of acids; in the taste, the result of the contracting tendency of resins and tannates."

We courteously advise the readers when ordering to apply to our agents, the Meyer Bros. Drug Co., St. Louis, Mo., who furnish one original package [one ounce] on receipt of one dollar. These packages carry literature comprising numerous reports of Physicians residing in the States, on the most gratifying services derived from the use of our product.

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SEPARATE APARTMENT FOR DRUG HABITUES

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man race began with the first feeble breath of the new born infant, and we are the watchful sentinels to the building until its due expansion shall enable it to receive those blessings with which the minister is prepared to store it. Henceforth our duties lie side by side, body and soul within our united keeping until a greater and mightier minister than either shall dismiss the guard."—*Albright's Office Practitioner*.

## Football Fatalities.

A newspaper estimate of the serious accidents to players occurring during the present football season, places the deaths at nineteen, and the seriously injured at one hundred and thirty-seven. Ten of those killed were immature boys of seventeen years or less, but three of the victims were seasoned collegiate players. Body blows, producing internal injuries, were responsible for four deaths, concussion of the brain claimed six victims, injuries to the spine resulted fatally in three cases, blood poisoning carried off two players, and other injuries caused four deaths.

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Among the injuries that have not resulted fatally are: Broken collar bones and shoulders, 19; broken legs, 31; broken arms, 9; fractures of some portion of head, 19; broken ribs, 3; spinal injuries, 3; concussion of brain, 3. It is supposed that if complete records from all parts of the country could be obtained that the total number of casualties of more or less serious character, would be greater than 1,000.—*Med. Record*.

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the government to permit the use of corn in making grain alcohol with which is to be mixed 10 per cent of wood alcohol, making it poisonous and unfit to drink.

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The people want the manufacturer of this grain alcohol put under government supervision the same as that now used in distilleries.

The alcohol is made in what is called menthylator and enough malachite is added to color the whole a delicate pea green.

The house is passing a resolution directing the secretary of agriculture to investigate the subject and to make a report to Congress.—*The Retail Druggist*.

---

### **The Abuse of Purgation Before and After Operation.**

I. S. Stone (American Medicine, Feb. 25, 1905) says that excessive purgation should be restricted because it is enervating to the general system. It produces great irritation of the mucous lining of the bowel. It may add to some of the dangers we are most anxious to avoid—ileitis and paresis. Purgatives have very little effect in limiting the amount of extraperitoneal exudate and fluids. Instead of calomel and saline purgation, bland evacuants such as castor oil should be used before ab-

dominal section. The use of suitable bland non-fermentative foods is desirable until just before operation in weak patients. After operation limit peristalsis; give only small quantities of food and drink by mouth; rarely give opium. Enemas should be administered to relieve distention and cause peristalsis in downward direction. After normal peristalsis laxatives should be given as required.

---

### **Virtue Running Wild.**

The sentiment which underlies the present efforts of certain worthy medical men, to protect the profession from imposition and to make our therapy clean, reliable and trustworthy, is entirely laudable and commendable. The extent to which some of these gentlemen are permitting their enthusiasm to carry them is lamentable. The judgment passed upon many of the pharmaceutical preparations which have stood the test of time for years in the practices of thousands of successful medical men, has seemed hasty and ill-advised. To one who is prejudiced in neither direction, who endeavors to

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look at the matter with perfect fairness, it is very questionable if it is right that a small faction of the American Medical Association should use the organ owned by all of the members to condemn or detract from the reputation of long established pharmaceutical preparations, many of which are used regularly by a large part of the membership of the association. The manufacturer and sale of pharmaceutical preparations is and must be commercial in its character. It can never be strictly professional. The average preparation which has been used by

medical men of intelligence for years with good results must have something in its favor, even if its manufacturers are not willing to conduct their business exactly as we may wish to dictate. I have no desire to uphold in any way the secret medical nostrum, but I question as a matter of fairness, the propriety of attacking any well-tried preparation until it is demonstrated beyond reasonable doubt that the members of the Association are opposed rather than being users of the preparation in question. Those who have been placed in positions of power—which may be

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used for the accomplishment of evil as well as good—should appreciate that such an office is one of trust and there should be an effort to carry out the will and wish of the majority rather than to be led by personal prejudice or petty motives.—G. T. P.—*The Chicago Clinic and Pure Water Journal*.

### Concerning the Use of Tents.

As it falls to the lot of every practitioner to treat cases requiring dilation of the cervical canal a few remarks on the use of tents would probably be in order, as in non-operative cases the treatment naturally lies between rapid dilation and the use of tents.

Formerly, I was in the habit of using tents almost exclusively, and sponge was the material used, as a sponge tent seemed less liable than one made of a more solid material to set up a peri-uterine cellulitis. One day, however, in removing a sponge tent, the string and a small portion of the sponge tore out, leaving a large piece of sponge in the uterus, which I extracted with no little difficulty; and then I swore off the use of sponge tents.

Sea-tangle tents also are not quite the ideal for uterine dilation, as they do not expand uniformly. The part next to the external os expands more than that a little higher up. At the internal os, the expansion is least, while the portion of the tent projecting into the uterine cavity, for obvious reasons, expands most, thus leaving a knob that greatly impedes the withdrawal of the tent; and especially is it difficult to remove such a tent if the uterus is flexed, even though but slightly.

Carefully considering the use of tents from all points of view, I have arrived at the following conclusions:

Never resort to tents if rapid dilation is at all available.

Never insert a tent in one's office if the patient's residence is any distance away.

To avoid pelvic cellulitis, keep the patient in bed while the tent is in and for some hours afterwards.

Do not use force nor insert the largest size tent that can be inserted.

Always use care that strict antisepsis is maintained.—F. D. Patterson, M. D., in *Med. Council*.

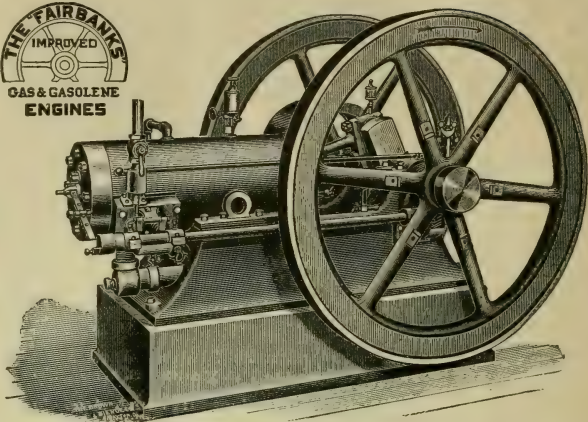
### The Use and Abuse of Curettage of the Uterus.

E. K. Browd says that the apparent simplicity and security of the operation has led to the frequent performance of curettage of the uterus in cases in which the procedure is not only of no service, but may even be directly contra-indicated. It is useful in cases of endometritis not associated with pelvic inflammations, exudates, or diseased adnexa, in subinvolution of the uterus or retained secundines, in endocervicitis as a prophylactic against carcinoma, in mole pregnancies and in all cases of endometritis of so-called hyperplastic nature. In post-partum infections there is room for much judgment, for, while saprophytic cases with retained membranes, etc., are benefited by the curettage, the measure is distinctly contraindicated if the infection is of the septic type. Curettage should not be regarded as a routine treatment for sterility, for it may aggravate existing pathological conditions, while the danger of perforation is very great in curetting for syphilitic, tuberculous, sarcomatous or cancerous degeneration of the endometrium. It should never be performed without an anesthetic, owing to the danger of per-



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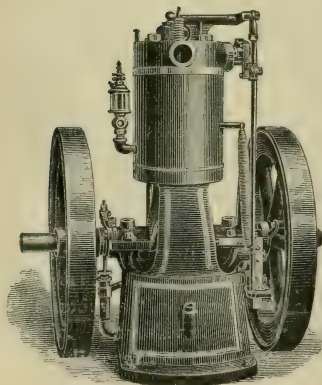
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lowed by serious consequences.—*Medical Record.*

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Mrs. Gayman—Chloroform.—*Chicago Tribune.*



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at 95°. Give five to ten drops of whiskey in a dram of lime water every two hours. Use warm baths and warm applications for collapse.

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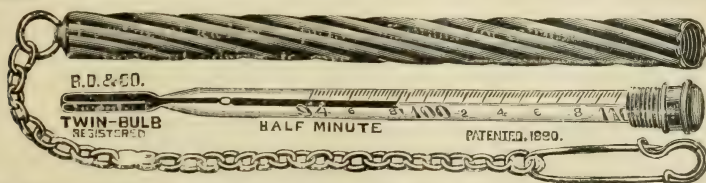
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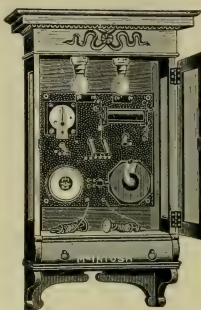
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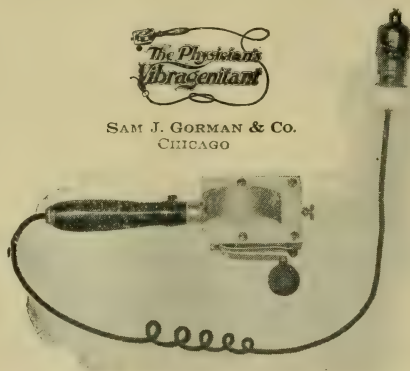
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## ORIGINAL COMMUNICATIONS.

### The Uterine Curettage.

R. L. Payne, M. D., Norfolk, Va., Medical Director Jamestown Exposition, Gynecologist to St. Vincent's Hospital.

I know of no surgical instrument so generally used to-day as the uterine curette.

At once, one of the most helpful of all instruments when properly used and one of the most dangerous in the hands of the unskilled operator or when used, as it too often is, in unsuitable cases. The apparently harmless character of the instrument, and so far as appearances go, the simplicity of the curettage render it an operation which the merest tyro will attempt and which even the physician of skill and experience is too apt to resort to without due consideration. And yet the operation is full of potential possibilities for evil. It is one of rather

narrow limitations and it takes no mean amount of surgical skill to curette a uterus thoroughly and without damage to the womb of its annexae. Let us briefly consider the cases in which the uterine curettage is indicated. First, then, its use is indicated in certain cases of abortion. In those cases in which the ovum is intact and the hemorrhage can be controlled by vaginal tampons curettement is not indicated and it is bad practice to so interfere. It is much better to tampon and wait until dilation has reached a point when the product of conception will be expelled by the uterus en masse or, when this may be accomplished by the aid of the finger rather than to attempt an operation that is often so imperfectly done as to leave masses of placenta or decidual tissue untouched, to slough away.



while the wounds inflicted by the instrument open up avenues of infliction that add a thousand fold to the dangers of the situation. Occasionally even in well conducted cases of abortion parts of the conception are retained and these are sources of danger either by becoming septic or maintaining hemorrhage and then, if one be skilled in the use of the curette and perfect in his technique much good may be accomplished by its use.

Again, there are cases of chronic septic endometritis in which there is no involvement of the adnexae in which a curettage well done may do much to cure a troublesome discharge, but unless he is very skillful he is apt to leave areas of infected tissue while at the same time he has bared a thousand absorbant vessels to take up the septic germs left in the uterus and so in these cases the risk is often greater than is justified by the good to be attained and equally as good results may often be gotten by the maintenance of free drainage. Several times in my experience I have seen curettage for gonorrheal endometritis immediately followed by chills and general pelvic inflammation leading to destruction of tubes and ovaries.

In another class of cases in which there exists a condition of fungus endometritis, the mucus lining of the uterus being covered with velvety granulation tissue and there exists a menorrhagia or metorrhagia entirely uncontrolled by medical treatment, then the curettage yields most perfect results. Finally, in a few cases of uterine polyp where the growths are still small, curette may be used to remove them. These are the only conditions in which the curette may be used the curette may be used except in

cases of carcinoma of uterus to secure scrapings for microposcopic examination or in cases of inoperable cancer of the uterus it is sometimes advisable to acrape away fungus, bleeding masses in order that we may lessen disagreeable and weakening discharges but this will only add fuel to the flame by opening up the new avenues for infection unless the wounded tissues be at once thoroughly burned and charred with actual cautery at dull red heat. These, then, are the indications for the curette but far more important it is to determine when it shall not be used.

I would never curette an actual infection of the uterus whether it be septic or gonorrheal in origin for if you do, you will almost surely be confronted with a spreading of the infection to the broad ligaments, the tubes are ovaries. Grave constitutional symptoms will develop and one can only feel regret for the evil done.

Again, let us never curette the uterus in a case of puerperal infection. It is almost impossible to curette clearly a uterus of normal size with firm contraction, but when we attempt to curette a uterus with a cavity five or six inches deep, more or less poorly contracted, and turgid with blood, it is entirely a physical impossibility to do it thoroughly. All that one can accomplish is by hit or miss method to scrape over more or less of the endometrium, leaving the rest covered with infected tissue the discharges from which will be eagerly sucked up by the myriads of lymphatics exposed by the curette. I have seen in consultation a number of cases of puerperal sepsis in which the curette had been used and I have never seen one in which all the conditions were not aggravated after the curettage, in fact,

I can not recall a single case so treated that has recovered.

Again, let us never curette simply because there is uterine hemorrhage. I have seen some doctors who always advise the curette of uterine hemorrhage is a symptom and yet in a great many cases, if not in the majority of cases of uterine bleeding the cause is constitutional and no amount of local treatment can relieve it. Let us rather seek to determine if there be not some disturbance of vascular tension due to disease of heart, liver or kidney and seeking to relieve this cure the woman without resort to an operation which can not possibly do good. Again, let us never curette the uterus without having made a definite diagnosis and with definite purpose to be accomplished but let us rather remember it is an operation which may result in disaster and which has only a limited field of usefulness. And finally when we determine the curette must be used let us approach the operation with due sense of responsibility. Under the lining membrane of the uterus lies a network of thousands of blood and lymph vessels ready to suck up everything septic left in the womb and no one should attempt a curettage unless he is as certain of the asepsis of his technique as he would be did he intend doing a coeliotomy. I once had a doctor tell me he had curetted a woman and she was doing very well except that she had a temperature of 103. "but," he added, "you know all those cases have fever after curettage." Who shall measure the evil such a man has done? Let me insist then that the curettage be done only under the most careful antiseptic and aseptic precautions. Let a woman be properly prepared, see to it that every-

thing to be used in the operation is sterilized by heat; know that the operator and his assistants have hands and arms scrupulously scrubbed and disinfected and let everyone who takes part in the operation be covered by steril sheets, remembering always that curettage is an operation which may result in life long woe to the woman.

### **The Indications for the Therapeutic Use of the Rotgen Ray.**

(By Dr. Ennion G. Williams, Richmond, Va.)

Every powerful therapeutic agent that enters the field of the healing art is carried by the initial enthusiasm of its early followers to so great an extent that its weak points are open to the attacks of its opponents and it is driven backward beyond its just limits. Time whose glory is to unmask falsehood and bring truth to light must finally give to every therapeutic agent its true and appointed place. At first the "hits are classed with the mysteries." Even in our memory we have seen the opponents of vaccination, asepsis and antitoxin keep back their life saving advance until time combatted the falsehood and ignorance showed the truth.

A man's opinion is influenced by his experience. The use of the knife is disaraged by those whose experience has been unfortunate either on account of their ignorance of the principles governing the ray or in attempting to treat cases in which the ray was not indicated.

The unfortunate sufferer is therefore in the early days of every therapeutic agent too often a victim of either unbalanced judgment of the enthusiast on the one hand or the pessimistic opponent on the other hand who might

deprive him of the benefits that might be received from the agent.

It is only right that those agents which are claimed to heal the so-called incurable troubles should be subjected to the severest criticism because it is in attempting to treat these diseases that the quacks and charlatans find their greatest field in imposing upon their unfortunate victims. Still, however, no advance can be made unless persistent and intelligent experiments are tried. These experiments are justified provided the miseries of the sufferer are not increased by burdens, financial or otherwise. It is by such experimentations that those working with the ray are and have been established for this new agent a permanent and well defined place in our modern therapeutics. It is not a panacea. We have no panacea. It has a specific action upon the cells of a malignant growth but it will not cure every malignant growth. No specific will always cure its disease.

There is no longer any doubt about the fact that the Rontgen Ray has a potent influence upon the vital activity of cells.

To have a desired influence the ray must have the proper quality and the proper quantity. A large quantity of the unimportant quality may be as infectual as too small a quantity of the proper quality. As the radiant energy from a tube varies so greatly in quantity and quality these points and the fact of governing them must be duly appreciated by the operator in order to obtain the desired results. The physiological effect may vary from stimulation of the vital activity to its complete distruction. The rays from a tube appear to be of different qualities with varying degrees of penetration,

physiological and chemical action. The qualities of the rays may be affected by interposing substance which appear to filter out the rays in a specific manner and in varying intensity. The body tissues appear to filter out rays that have the most marked physiological action. It is for this reason that the ray has the greatest influence upon the superficial lesions.

The radiant energy from a tube affects tissues in proportion to the number of cells and in proportion to the activity of these cells. It is in the treatment of these conditions that the ray has attracted the most marked attention and admiration. A carcinoma is composed of cells with the intercellular material represented by the inconsiderable cement substance. These cells exhibit the vital activity to a high degree. Of all tissues normal or pathological, with the possible exception of the activity functioning male sexual glands, carciomatous tissue contains the largest proportion of vitally active cells. There are therefore most influenced by the ray. Since as I have said the skin and superficial tissues filter out to such a large extent the physiologically active rays and the ray has a selective action upon carcomima cells the chief usefulness of the ray is in the treatment of superficial carcinomas or as they are usually called epitheliomas or skin cancers. Practically every one of these should heal under the proper application of the ray.

The conditions that mark the prognosis unfavorable are the depths to which the growth may already have extended and the invasion of bony or cartilaginous structure. Growths connecting with the mucous membranes which are constantly bathed in

secretions have an unfavorable prognosis.

Tumors more than two inches below the surface as primary carcinomas of the breast should be treated surgically because of their doubtful prognosis with the ray and the possibility of completing eradicating them with the knife.

I have had several recurrent carcinomas of the breast to disappear completely under the x-ray treatment. These cases were treated with the ray because it was considered practically impossible to remove the growth completely by surgical methods and so prevent a recurrence. Other cases of recurrent growths of the breast have not yielded to the ray because either the growth had invaded the thoracic cavity or methastases had developed in other parts of the body.

Malignant tumors of the internal organs as the intestines, liver and uterus are not favorably influenced by the ray except perhaps in the relief of pain. The overlying tissues filter out so much of the physiological efficiency of the ray that these organs do not receive sufficient quantity of the ray to destroy the vitality of the malignant cells.

Sarcomas when on the surface will heal as readily as carcinomas, but fewer cases of the former have been reported as successfully treated with the ray because they rarely occur primarily on the surface but develop most frequently in the deeper and denser structures.

The ray often relieves the pain in inoperable malignant growths but there comes a time in the extension of the growth when the ray no longer gives relief.

It has been argued against the x-ray

treatment that a recurrence takes place more frequently after this form of treatment. The possibility of a recurrence is directly in proportion to the thoroughness with which the treatment is given. If the treatment is discontinued before all the cells are completely destroyed there will undoubtedly be a recurrence, but since the ray destroys the cells, they will necessarily be destroyed if the application is continued long enough. The treatment must be continued a short time after all gross signs of the growth have disappeared in order that the remaining invisible cells may be completely destroyed.

According to the rule that a tissue is affected in proportion to the cells and to the vital activity of the cells we should expect benign tumors to be slightly, if at all, affected by the ray because the tissue composing such tumors have a small proportion of cells and is made up chiefly of intercellular substance. This theory is confirmed by the experience and we find that benign tumors are little, if at all, affected by the ray. Therefore in the treatment of benign tumors the ray is not indicated except probably in the treatment of keloids.

My experience with keloids is limited to three cases. Two disappeared but only after prolonged radiation, and with the development of a dermatitis. The third was excised and treated with the ray afterward. There has been no recurrence after twelve months. I should have advised that keloids be cut out and the wound then treated with the ray.

In the field of skin diseases the ray has shown itself to be of great value. It is destructive to parasites and may stimulate or destroy the activity of



abnormally functioning cells. I have had several cases of chronic ring-worm or *tinca circinata* which had resisted other forms of treatment to yield readily to the ray. A similar result was had with a case of chronic *tinea versicolor*.

Lupus vulgaris and lupus erythematosus on the skin surface will both yield to the treatment of the ray when it is properly applied. In order to heal these lesions the ray must be applied in strong individual exposures, a method quite different from that used in treating malignant growths. The prognosis in this case is dependent more than in any other upon the proper application of the ray.

Chronic acne vulgaris on account of the action of the ray upon the glandular epithelium has its surest curvative agent in the ray. Patients are sometimes disappointed because the scars made by other treatments become more apparent when the follicles return to the normal condition.

In one case of acne rosacea the redness of the nose disappeared entirely. Some of the enlarged and prominent blood vessels continued to exist.

Patches of psoriasis usually heal readily, but they are likely to return since psoriasis seems to be dependent upon some constitutional dyscrasia which has to be corrected.

In acute eczema the ray is of benefit, but since it is the result of definite causes either external irritation or internal digestive or metabolic disturbance it is of primary importance to locate and eliminate these causes. Then the *vis medicatrix naturae* will usually complete the healing. However, in cases of chronic eczema especially the squamous and fissured variety where the eczema is more the manifestation

of local disorder of the vital processes of the cells than of an internal digestive disorder the ray is very successful and is decidedly indicated.

There are many other diseases in which the ray has been used but the results do not at present justify its recommendation. What it has actually accomplished, however, sufficiently justifies its claim to a prominent and desirable place among our therapeutic agents.

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### **Bronchitis and Broncho-Pneumonia in Children.**

(By William A. Wood, M. D., Gallatin, Mo.)

Among the diseases of children at this season of the year none is more common or fatal than bronchitis and pneumonia. If anything we can say on the subject shall lead to a more careful study of these grave diseases in young children, our labor will not be in vain.

In dealing with this class of patients very many difficulties confront the physician. The infant can give him no information, and the child who is old enough to answer his questions intelligently very often refuses to come to his aid, hence subjective symptoms are not available in reaching diagnosis. The thermometer is an unreliable guide for the reason that in children the temperature fluctuates. It rises suddenly and falls just as suddenly without any ascertainable cause. The pulse is also unsafe as a guide in disease, because the physician has no means of knowing what it is in normal health. Under the influence of nervous excitement, anger or fright both the temperature and pulse are changeable and uncertain. When we add to these incidental influences the disturb-

ing phenomena of disease, we begin to realize the embarrassments of the medical adviser.

The physician who is a close observer is, however, not without resources. He can get very much of the information he needs from the mother or nurse of the child and a patient study of the objective symptoms. There is a revelation in the cry of the child. The cry of pain is different from the cry of anger, or of hunger, or of exhaustion. He must note this difference. In pneumonia the cry is suppressed in consequence of its interference with respiration. The peculiarity of a cough must be studied. In ordinary bronchitis it does not cause pain. In pneumonia it is accompanied by more or less pain, which is plainly depicted on the face of the child. Physiognomy also teaches its lesson. Conditions of the countenance reveal the nature of disease. In sleep the face of a healthy child expresses repose. In pneumonia there is always a movement of the nostrils, indicative of difficult respiration. A chewing motion of the mouth denotes gastro-intestinal disturbance. It is said that the upper third of the face is changed in brain affections, the middle third in diseases of the chest, and the lower third in abdominal lesions. Contractions of the brows show pain in the head, and drawing of the upper lip, pain in the abdomen. A waxy color of the face indicates kidney disease, and a flush on the cheeks, inflammation of the lungs or pleura.

As broncho-pneumonia is usually secondary to bronchitis, it is not an easy matter to determine exactly when it begins, for its symptoms are often very obscure, and for this reason it is important to study all the objective

symptoms which may aid in reaching a correct diagnosis.

Bronchitis is a very common disease of infancy and childhood. It is variable in extent and intensity. It begins with cough, hoarseness, difficulty of respiration and febrile excitement. There may be also soreness of the throat, coryza, sneezing, and a watery condition of the eyes. It may be ushered in with a chill or a chilliness, with languor, exhaustion and drowsiness, followed later by more or less fever. The pulse becomes frequent, with a rise in the temperature. The cough may be slight at first, but increases in proportion to the extent and intensity of the inflammation. When it is frequent and severe it will be accompanied by more or less pain or soreness at the base of the sternum, but the face does not express the same degree of suffering as in the cough of pneumonia. The respiration in mild cases is but little accelerated, but in severe cases it is short, difficult and oppressed, and is attended by a wheezing or rattling sound, heard first in the throat, but subsequently over the whole of the chest.

The physical signs of acute bronchitis in very young subjects are a combination of mucous and sibilant rhonchi. In older children these sounds are more marked, especially the mucous rhonchi. When the inflammation extends to the more minute ramifications of the bronchi the general symptoms are correspondingly aggravated. We have now the capillary bronchitis of the older writers, which is exceedingly dangerous, generally terminating in death, sometimes in a few hours.

Every case of bronchial catarrh should be regarded as the beginning of pneumonia. In the commencement

of an attack of bronchitis a small dose of calomel and Dover's powder, followed with castor oil or salines, will be of service. Quinine now in small doses should be given at short intervals for about two days. Alternated with this, the following may be given:

B Vin isecac..... $\bar{3}$  j  
 Syrup scilla..... $\bar{3}$  ss  
 Syrup senega..... $\bar{3}$  ss  
 Tinct. hyoscyamus..... $\bar{3}$  j  
 Cord. ol. morrhuae comp.

(Hagee)..... $\bar{5}$  ij

M. Sig.—Take from one-half to one teaspoonful, according to age.

The child should be kept warm with flannel next the skin, should remain in bed with the room at a uniform temperature of not less than 65 per cent. F., and should be given mucilaginous drinks or barley water with such nourishment as will best meet the wants of the system. Fomentations or hot cloths applied to the chest will often be of service.

If there is much prostration the following prescription may be given:

B Spts. ammon. arom. .... $\bar{3}$  j  
 Syrup senega..... $\bar{3}$  j  
 Tinct. scilla..... $\bar{3}$  ss  
 Syr. prun. virg. .... $\bar{3}$  ij

M. Sig.—Take from one-half to a teaspoonful every two hours.

In children of eight years and upward, the muriate of ammonia in small doses may be substituted for the spts. ammonia aromatic.

In case the inflammation has extended to the lung substance and bronchopneumonia has developed, the chest should be enveloped in a jacket poultice of linseed meal covered with oiled silk, and if there is high fever give as follows:

B Potassii citratis..... $\bar{3}$  j  
 Spts. ammonia arom. ....gtt. xv.  
 Spts. ether nit. .... $\bar{3}$  ss  
 Liq. ammon. acet. .... $\bar{3}$  iii  
 Glycerine..... $\bar{3}$  ss

M. Sig.—Give one-half to one teaspoonful every two hours.

If the cough is distressing, give the following:

B Vini antimon..... $\bar{3}$  ss  
 Spts. ether nit. .... $\bar{3}$  ij  
 Tinct. opii camph. .... $\bar{3}$  ij  
 Cord. ol. morrhuae comp.

(Hagee)..... $\bar{5}$  iss

M. Sig.—From one-half to one teaspoonful every two hours.

Of course symptoms as they arise must be met. It may be necessary to resort to aconite or digitalis or alcoholic stimulants, but the above is a general outline of the treatment in these cases.

## SELECTED PAPERS.

### The Use of Nitrate of Silver in the Eyes.

By Francis Valk, M. D., Professor of Diseases of the Eye in the New York Post-Graduate Medical School and Hospital, New York City.

In the treatment of the various diseases of the eye, nitrate of silver, which is antiseptic and germicidal in its nature, has been used dissolved in

distilled water, and applied to the diseased surfaces with a camel's hair brush or cotton swab.

It is one of the best remedies in the hands of the oculist as an astringent and antiseptic application to the conjunctiva and cornea. Here it is too well known almost to need mention, yet this subject is presented not in reference to the use of the drug, but to the

solution which I have been using for some years, and with what has seemed to me much better results than other ordinary solutions. Nitrate of silver has been used by the profession for many years, particularly in diseases of the skin, and about twenty years ago Fox and Higginbotham, of England, published their experience of its use in their solution they incorporated a certain proportion of sweet spirits of nitre. This seemed to have the effect of retarding the deposit of argenti oxide (?) or of organic matter that is so frequently seen in the usual solution of nitrate when found in the physician's office. I have not been able to determine just what chemical action takes place in this solution by the addition of spirits of nitre, but I am inclined to think that the free nitrous acid must have some influence in keeping the solution of nitrate always in a nascent state. That there is much less deposit with this solution, I have frequently noted; and in the treatment of superficial diseases of the eye, this solution has acted far better than the usual preparations.

It may be prepared of any strength of the nitrate by increasing the proportion of the spirits of nitre, that must be added to the stronger solutions. In the eye I have never used a stronger solution than that of one per cent., or five grains to the ounce, in the following formula:

**R** Argenti Nitras.....5 grains.  
 Spts Nit. Dulc.....2 drachms.  
 Aquæ Distillatæ.....6 drachms.  
 M.

This solution may be freely applied to the conjunctival surfaces as necessary. It need not be neutralized by solution of salt, and its action must simply be watched, as the continued

use for a considerable period may produce a slight discoloration of the mucous membrane in the lower fold of the conjunctiva (argyrosis).

In all clinical work the indications for the use of this preparation are numerous. All forms of inflammation of the conjunctival surfaces, from that of the slightest pinkeye to a severe gonorrheal conjunctivitis. This solution may be applied freely, nor have I ever found it necessary to use a stronger solution than that given by the above formula, even in ophthalmia neonatorum with perforation of the cornea. It is applied with a cotton swab, on a toothpick, very freely to the conjunctiva and to the ulcerated surface of the cornea daily.

With the use of this solution, I very rarely see a perforation of the cornea, and the discharge rapidly ceases. It may be safely used in the acute stages of conjunctival inflammation in the same way. In abscess of the cornea, with or without hypopion (pus in the anterior chamber), I find it very useful, applied directly to the corneal surface, and, in fact, in all forms of corneal inflammation, the free use of this solution results in a speedy improvement in the symptoms. I have also found it very useful in cases of post-operative inflammatory conditions when there is any tendency to secondary healing, and it seems to act as an excellent antiseptic.

There is very little new in the domain of medicine, and from the history of this solution it is an old story, but these old stories are sometimes told with benefit, and the use of the spirits of nitre in the solution of nitrate of silver is at least new in its application to the diseased surfaces of the eye.



This is the purpose and the merits of this paper, and a fair trial should always result in continued success in treatment of diseases of the eye. In general practice, where the use of nitrate of silver is indicated, it seems

to me it would be extremely useful where it may be used in much stronger solution by increasing the amount of spirits of nitre as we increase the strength of the nitrate.—*Medical Brief.*

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## ABSTRACTS.

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### Scopolamine-Morphine as an Adjuvant in the Administration of General Anaesthesia.

(*Annals of Surgery.*)

MAJOR SEELING reports a series of sixty-four general anaesthesia administrations. The general anaesthesia was induced by means of the ethyl chloride-ether sequence administered through the Bennett inhaler. In every instance the patient received a hypodermic injection of scopolamine hydrobromate, grain 1-100, and morphine, grain 1-6, one half hour before the administration of the general anaesthesia. He claims advantages possessed by the Bennett inhaler over all others and he prefers ethyl chloride to nitrous oxide gas. He has added a special tube to the Bennett inhaler for the administration of the ethyl chloride. Scopolamine is an alkaloid closely resembling hyoscine and the other alkaloids of the belladonal groups. Thirty grains have been given to a dog without causing death. It was first used as an anaesthetic in combination with morphine in the following dosage: Scopolamine, grain 1-50; morphine, grain 1-2. This was divided into three doses and given three, one and one-half hours before the operation. This gives most excellent results, the patient often not requiring any other anaesthetic at all. He prefers to give one dose of scopolamine, grain 1-100, and

morphine, grain 1-6, one-half hour before the operation and then to use the ethyl chloride-ether sequence. He states that he has never seen results that even approximate those that were attained by this method. Only about one-half the quantity of ether was necessary that is usually required. Salivation is almost invariably absent. Vomiting is markedly lessened and there is avoidance of the stage of excitement.

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### Diet in Nephritis.

(*Jour. A. M. A.*)

SHATTUCK lays down the following as the leading principles pertaining to the dietetic treatment of nephritis:

(1) Such control as we may have to-day of nephritis lies in diet and mode of life rather than in drugs. (2) Such drugs as are useful are so in their effect on the general organism or on the heart rather than on the kidneys directly. (3) In all cases of nephritis our broad aim is to spare the kidneys unnecessary work, not forgetting that the urinary is but one of the systems which comprise the body. (4) In acute nephritis, as well as in acute exacerbations of the chronic forms, Doctors Diet and Quiet should work together. Starvation for a few days, proportional to the intensity of the process and the strength of the patient, is the keynote of the dietetic manage-

ment. (5) In the chronic forms we seek to lengthen and lighten life, an aim often largely within our power of attainment. Especially in the contracted form of kidney disease many years of life, much of the happiness which comes from achievement, days and nights of comfort, may hinge on our skill in adapting sound principles to the particular case and in securing the co-operation of the patient in carrying out the same, persistently, not spasmodically. Dietary restriction should be in the main quantitative rather than qualitative. Alcohol in moderation is not necessarily a poison and may be an aid to digestion. (6) The excess of proteid, not protied in itself, is harmful to the chronically sick kidney. (7) A varied is more likely than a monotonous diet to promote the manufacture of good blood and thus to promote good nutrition of the body in general and of the myocardium in particular. (8) The amount of albumin is in itself no guide as to the extent of dietary restrictions.

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**Destroying the Urogenital Diaphragm  
or Pelvic Flow as a Means of  
Relieving prostatic Ischuria  
—A New Operation.**

*(Annals of Surgery.)*

ANDREWS has devised the operation of prostatolysis, which consists of holding the testes up and out of the way and then cutting through the skin and fat in a curved flap corresponding with the pubic arch, the pendulous portion of the penis being the apex of the flap. The deep fascia, the fibres of the levator ani muscle and the ligaments of the prostate are cut. This allows the prostate to fall back into a wider space. His conclusions are: (1) The

male pelvic outlet is a narrow, bony ligamentous triangle often too small for the senile prostate. (2) The overgrown prostate would not obstruct the bladder were it not compressed between the jaws of the pubic rami. (3) The triangular ligament and urogenital diaphragm hold the bladder neck and prostate immovably between these bones. (4) On cutting away these bands, the constricted overgrown mass falls back into a wider space and ceases to be obstructed. (5) Incidentally great relief of rectal reflexes and spasm results. (6) The retroprostatic pouch is abolished and the base found becomes a true funnel with its outlet at the lowest point. (7) The author's technique is simple.

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**Lymphatic and Hepatic Infections  
Secondary to Appendicitis.**

*(Annals of Surgery.)*

MUNROE in an exhaustive monogram on this important subject makes the following suggestions: First, lymphatic and hepatic infections are more common than we realize. Second, the two infections are frequently associated and one type may be the source of origin of the other. Third in certain cases of hepatic abscess, the source of infection, whether through the portal canals or through the lymphatics can not be determined either clinically or at operation. Fourth, the type of infection does not depend upon the gravity of the originating appendicitis. Fifth, subphrenic infections must not be isolated in a class by themselves as they depend on both lymphatic and hepatic infections and vice versa. Sixth, the prognosis of lymphatic (including subphrenic) infections is better than that of hepatic, but

when the latter are secondard to lymphatic or direct mechanical invasion, the outlook is more favorable than is true portal invasions. Seventh, the most important clue in making a diagnosis is the recognition of the causative appendicitis and the elimination is necessary in dealing with obscure hepatic invasions in the presence of plasmodia, the vidal reaction, etc. Eighth, early recognition and removal of an inflamed appendix may abort the secondard infection. Ninth, the characteristic signs and symptoms are well established in typical cases and should form a basis for diagnosis in atypical cases.

### **The Differential Diagnosis Between Sporadic Cretinism, Rachitis and Achondroplasia.**

*(Post Graduate.)*

SHEFFIELD illustrates his article with a number of photographs of children suffering with cretinism, achondroplasia and rachitis and states that they have many symptoms in common and in atypical cases they are not infrequently mistaken for one another. Achondroplasia was formerly called fetal rickets or fetal cretinism. It is characterised by a pronounced disproportion between the length of the trunk and of the extremities. It differs from cretinism in the absence of pronounced mental backwardness and pseudolipomatous masses, and by the presence of the thyroid gland. Thyroid extract is a specific in cretinism and is devoid of therapeutic value in rickets and achondroplasia. The protuberant abdomen or pot belly is prominent in all three diseases. There is curvature of the shafts of the bones in achondroplasia and rickets. In rickets the bones

are soft and in achondroplasia they are quite hard. Each have prominent terminal epiphyses which is explained in achondroplasia by the relatively small shaft.

### **On the Use of Nux Vomica in Hyperchlorhydria.**

*(Therapeutic Gazette.)*

MUSSER states that he has pointed out the use of nux vomica in ascending doses (30 to 50 drops for an old subject and 40 to 80 drops for a young adult, t. i. d.) in all asthenic and atonic cases, whatsoever the nature of the ailment. He claims that to this class of cases belong the hyperchlorhydria subjects in whom there is no cause for gastritis and no pronounced evidence of ulcer or gastritis. That the hyperchlorhydria is not the result of a local irritative lesion, but an expression of a gastric neurosis the persistence of which is due to a general atony or anæmia. That in these cases the symptoms often rapidly and permanently disappear under ascending doses of nux vomica.

### **The Use and Abuse of the Rest Treatment.**

*(Southern Medicine and Surgery.)*

NORBURG states that the rest treatment is best known as associated with the class of cases for which it was primarily designed, viz: the neurasthenia of women in which the mental asthenia and the denutrition of the body that follows on insufficiency in the amount of food taken. Of first importance in the treatment of such a case is isolation from six weeks to three or four months, with no visitors allowed. The second and next important to isolation in the success of treat-

ment is rest with all activity suspended. No occupation, no reading, no writing; she must be fed, bathed and cared for in bed. In regard to the diet start with milk diet, gradually increase until a full tray as well as milk constitutes the daily diet. Keep the bowels open; use electricity and massage. These methods with patience, perseverance and judgment and a tactful nurse are necessary to carry to successful issue the treatment by rest methods.

### **Cylindruria.**

(*Jour. A. M. A.*)

EMERSON gives the results of an exhaustive study of the subject of urinary casts based on the investigation of over 1,000 cases of nephritis at Johns Hopkins Hospital, about 500 of which came to autopsy. Casts are classified as cellular, granular and amorphous with various subdivisions.

He says that casts occur wherever albumin might or does occur, but one may be present without the other. It is safe to say that it is the cells that are at fault. The lesion causing cylindruria may be very slight and temporary, some slight disorder of circulation or malnutrition of cells, as renal cells are among the most sensitive in the body. They may be a good index of the present condition of the cell, whether just irritated or totally destroyed, but they give no clue to the underlying conditions. It would seem indeed that the cells of a normal kidney could give a more lively demonstration of their disturbed condition by a vigorous output of casts than could those of a diseased kidney. The latter seems to be able to become accustomed to its condition and give out no casts. While casts and albumin do not always

run roughly parallel, the former are of much importance in following a case of renal disease. Their merely temporary appearance, no matter how alarming in number and variety, means a transient and probably not serious disturbance; their continuance for days, weeks or months, no matter how few, means chronic nephritis, and for them to remain two years means an incurable case. In nephritis a diminishing number, including fine granular and hyaline casts, means a subsidence of the acute process, while the reappearance of the coarsely granular, epithelial and bloody casts means a flare up. That they precede albumin in certain early cases of nephritis remains to be proved. In scarlet fever, the casts may outlast the albumin which ceases with the temperature, but in some cases there seems to be only cylindruria from the first and this ceases with the fever. In typhoid, pure cylindruria is not uncommon, and when albumin occurs casts may become more numerous after its disappearance. Phosphorus poisoning may produce only casts and these abundant epithelial with the cells at all stages of fatty degeneration and fatty casts. Casts also occur in various acute infections, in the cancerous cachexia, in diseases of the central nervous system, in various lung diseases as severe bronchitis and pneumonia and in empyema. In conclusion Emerson emphasizes the fact that the casts alone are no index to the anatomic renal condition. They are often most marked in non-nephritic conditions, and in the most serious disorders they may be lacking. The more normal the cells the more readily do they form casts when disturbed; in chronic conditions there may be few or none. The duration of their occurrence is im-



portant and a case may be well followed by the casts. Epithelial, pus and blood casts are more common and of less significance than is generally supposed.

### Water as a Local Anesthetic.

WYTHE was convinced that loss of sensation from the infiltration of the tissues with weak solutions of cocaine was due more to the presence of the water than to the cocaine, and so made some experiments upon himself (N. Y. Med. Jour. Jan. 6, 1906), and since then (two years ago) has made several operations under water anesthesia. His opinion is the anesthesia results from the absorption of water under pressure by the end organs of the sensory nerves destroying temporarily their conductivity. The technique is boiling water is injected into and not beneath the skin in line of the proposed incision. Ten minims are first forced out through a fine needle and when a death-like pallor appears the needle is further projected and more liquid forced out, until the desired length for the incision is attained. The procedure is specially desirable in operations about the rectum and anus.

### Uterine Curettage.

E. E. MONTGOMERY says there is great diversity of opinion as to the utility of the uterine curette (Pa. Med. Jour. Nov. '05). The wisdom of its use depends largely upon the man behind the instrument. Its use is indicated in chronic endometritis (when myomata and carcinoma are excluded); profuse and continued leucorrhoea; in retro displacements if measures are instituted to correct the trouble; in tubal

or ovarian disease, if associated with procedures to these disorders; to secure scrapings from carcinoma for study; dysmenorrhoea associated with chronic endometritis; in retention of products of embryonic life. It is contraindicated in acute endometritis from any cause—gonorrhoeal or sepsis; intrauterine myoma or carcinoma; in retro displacements except in connection with abdominal section for their relief; in the absence of evidence of uterine inflammation merely to do something.

The technic is given fully and is aseptic as much care being bestowed on the preparation of the patient and all the field of operation, the instruments and operator and assistants as for an abdominal section. The canal should be dilated unless very patulous. The sharp curet is advised. Dilatation is by sounds and must be done very carefully, the cervix being held with two double tenacula. Move the curet over the entire surface with long sweeps, prepare an instrument through which the surface can be flushed as the operation proceeds, and usually packs with gauze. Drainage is essential.

The great danger is in perforation. Perforation in a non-septic patient is not considered a grave injury.

The author draws the following conclusions from his studies:

(1) Uterine curetment is so pregnant with disastrous possibilities that it should only be essayed by one who is so skilled and trained in aseptic methods that he can protect his patient from danger of infection.

(2) The procedure in the most careful hands may be attended with perforation of a softened uterine wall.

(3) The occurrence of perforation does not of itself demand an abdominal section for closure of the opening,

for the great majority of such injuries recover without any abnormal symptoms.

(4) In injury of intestine from perforation and the dragging of a loop of intestine through the opening, or in the presence of sepsis, the peritoneal cavity should be opened by abdominal section in the former and the injured intestine be treated by suture or excision as the lesion may demand, while in the latter the section may be either abdominal or vaginal, as the operator may prefer.

### **Psychosis of Morphinism.**

CROWTHERS has treated the Psychosis of Morphinism (Jour. A. M. A., Dec. 23d, '05), placing the symptoms manifested under four well defined groups, giving illustrations of the idea he wishes to convey in the detail of symptoms manifested in patients under his care. He holds that it is difficult to understand whether the defective conception of truth and the relation or right and wrong manifested by the habitue, is a veritable paralysis of the higher reasoning centers or a defect of the senses. In all probability both conditions exist. Allusion is made to the criminal acts of the last class mentioned and the skill with which the culprits evade the law. The reason for the paper and the summary are given as follows:

The moral paralysis and ethical failures of morphinists show lesions and defects of the higher centers of the brain which undoubtedly may either be inherited or acquired. A study of a number of persons suffering from this form of addiction shows that both the psychical and physical suffer alike. We have paid great attention to the latter.

but the former has received little or no study.

The gross changes seen in loss of pride and degeneration of personal appearance and sharp denials of the use of the drug are common, but the failure of the higher mentality to recognize duty and obligation to others is not studied. This contribution is along these lines. It aims merely to outline a field that is largely neglected, the study of which will enable us to apply therapeutic measures with far more exactness than ever.

A summary of what he wishes to make clear is stated as follows: The psychosis or physical symptoms common to morphinism are, first, palsy of the consciousness of right and wrong and inability and indisposition to discriminate the ethical principles or responsibility and obligation; second, a delirious stage of profuse explanation and efforts to conceal and explain the reasons for his acts and conduct; third, a special exaltation or depression of the language centers, with a change in the manner of expression and the use of words; fourth, a veritable insanity to deceive, to misrepresent and to take advantage of the credulity of others, not for any purposes of gain, but for the satisfaction of being able to defraud and mislead, also to act in different characters and to elude the efforts of persons who would discover the condition.

### **Treatment of Morphinism—Quick and Slow Methods.**

PRESSY compares the two methods of treating morphinism (Jour. A. M. A., Dec. 23rd, '05), the quick method meaning the withdrawal of the drug immediately or within five to ten days.

When this is done hyosein hydrobromate is used and in the majority of patients is not successful, i. e., the patient is not cured—possibly he may be temporarily relieved of the desire for the drug. The slow or adoptive method is a gradual reduction as is indicated by the patient's condition, tonics and supportive treatment with nourishing diet being instituted during and after the withdrawal. These patients should remain under the care of the physician for some time after free from the morphia. Recapitulation:

The quick cure by hyoscin is irrational, unsafe and unsatisfactory. The diarrhea and vomiting which always occur after the sudden withdrawal of morphin, whether the hyoscin is given or not, which lasts from two to ten days, is very distressing, and the hallucinations, which last for an uncertain length of time are unpleasant, to say the least, and from which the patient may never recover. Relapses, I believe, are much more frequent and convalescence is usually greatly protracted.

"The adaptive slow withdrawal is rational, safe and satisfactory. No diarrhea, vomiting, extreme nervousness or any of the severe symptoms shown with sudden withdrawal are ever produced. Convalescence is well advanced when the last small amount of morphin is withdrawn and nearly always rapidly completed. Relapses are much less likely to occur."

We learn from an exchange that hereafter license to practice medicine in North Dakota will be awarded on presentation of a diploma granted by a college giving four courses of lectures of at least eight months each and an examination in prescribed subjects. The board is given power to revoke

or refuse a license for dishonorable or immoral conduct, chronic or persistent inebriety or mental aberration, excessive use of narcotics, or for the practice of criminal abortion. In complaints for violating the provisions of this section of the law the accused must be furnished with a copy of the complaint, and be given a hearing before the board in person or by an attorney. The law provides for reciprocity as follows: The board in its discretion may grant license for the same fee (\$20) without examination to applicants examined and licensed by other State examining boards maintaining standards not lower than those provided for by the law.

Among the Russian students of both sexes working in the medical and other faculties of the University and in the art schools of aris much distress is stated to have been caused by the recent occurrences in Russia. The great majority of the students live on remittances from home, and these they have not received, in some cases owing to the breakdown of postal arrangements, and in others because those who used to send them have been ruined.

The Wisconsin State Legislature has passed with but one dissenting vote a bill prohibiting the sale or manufacture of cigarette papers. It is anticipated that the measure will meet with any opposition in the Senate.

The annual bill to abolish coroners has been presented in Albany. Such a bill has come to be an institution in the New York Legislature, so many years has it been introduced, and so many times has it "just barely missed" being passed.



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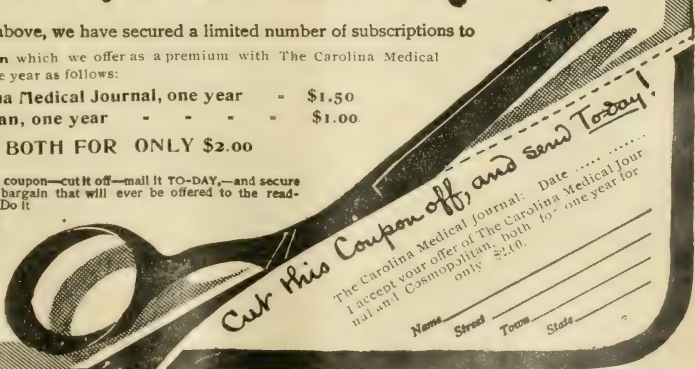
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The Anti-Tuberculosis League of America will meet under the presidency of Dr. George Brown, in Atlanta, April 18. Elaborate preparations are being made for the entertainment of guests and no effort will be spared to make their stay pleasant and profitable. Banks and newspapers and other leading institutions of the city are contributing liberally, and there is every prospect of an enthusiastic gathering, with results in the matter of disseminating knowledge among the laity on the subject of tuberculosis that will greatly aid the campaign against it.

party attending the congress has been issued. Copies of this programme can be obtained from Dr. Charles Wood Fassett, Krug Park Place, St. Joseph, Mo.

The Japanese, says American Medicine, are making every effort to prevent the appearance of disease during the coming warm weather. Thousands of soldiers and Chinese are engaged in cleaning Mukden and the vicinity of the battlefields. The Russians left the city in a very unsanitary condition, and this will result probably in much sickness during the summer unless the sanitary measures of the Japanese are successful. Strict orders have been issued regarding the maintenance of purity of the drinking-water, and other preventive measures will be taken.

The Fifteenth International Medical Congress is to be held at Lisbon in April, 1906. A preliminary programme of the tours of the American

# The Carolina Medical Journal

A Monthly Journal of Medicine and Surgery.

VOL. LIV.

CHARLOTTE, N. C., FEBRUARY, 1906.

No. 2

Address all communications and make all funds payable to THE CAROLINA MEDICAL JOURNAL.

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## EDITORIAL.

### Murder in Hopeless Maladies.

It seems that there can be no proposition too heartless or obnoxious to preclude the gaining of adherents. Whether it comes from a desire to pose as reformers, to advertise "ones self with a little cheap notoriety, for the love of contention, to appear different from established and generally accepted ideas and principles, or from convictions of the truth and utility of a measure, the fact remains that the most pernicious theories find champions.

The latest speculation of this character is the suggestion that the defective classes when known to be incurable or their condition beyond remedial measures should be disposed of in some humane way. Among those mentioned as subjects for an over dose of morphine or prolonged administration of chloroform are the victims of accident, the patient with inoperable cancer, especially in the last stage and

when suffering intensely, the old man in his dotage with his mind in a chaos of wild imaginings, and a source of discomfort to his friends and relatives, and other conditions hopeless of cure and preferring death to suffering.

In the role of justifier of this measure, Dr. C. E. Norton has recently entered the lists. Dr. Norton is of Cambridge, Mass., is said to have been a friend of Longfellow and Lowell, and was once professor of literature at Harvard University. His claim is that the doctrine of the sacredness of human life and the resulting practice have both been pressed too far. That the idea of prolonging human life is a superstition deeply rooted in tradition. His belief is that the discussion of the subject in all its aspects may lead to a more enlightened public opinion and as a consequence the relief of much misery.

To discuss the subject in all its aspects would require more space than

we care to give it just now, and for medical readers this is not necessary. The sacredness of human life, if a deeply rooted superstition, is more firmly grounded in the minds of the medical profession than any other one class of people. We as physicians reverence it as the underlying principle of all that dear to our art and science. Sympathy, compassion, humanity, we believe, are as well developed with the profession as with the pseudo philanthropists, the would-be social economists or cranks itching for notoriety. As laudable as are these characteristics the sacredness of human life is higher and by far more important.

The dogma that this belief in the command "Thou shalt not kill," is a superstition rooted in tradition can not for a moment be accepted. If it is a superstition then is all our boasted advance in civilization a myth. The regard for human life, outside of any religious belief, is one of the fundamental differences that distinguishes the civilized man from the savage. Destroy this regard and the world's civilization is thrown back into the centuries when savagery prompted the slaying of not only the enemy but of all who interfered with the convenience of the slayer. It is the growth of the centuries, and contrary to superstitious beliefs generally, it has not weakened in the advance of knowledge, but has grown stronger in every age, as the world has become more enlightened. To-day the regard for human life is such that the abolition of capital punishment for crime is a live question. To lower the standard of estimation in which a human life is held is to strike a death blow at civilization. The day in which public opinion is such that the physician is encouraged or

even allowed to become the judge, jury and executioner of his patient, marks a decadence in the position and influence of the profession. To realize that he has the power and an authority that cannot be questioned, to put an end to suffering through the death of the patient, puts too much responsibility and gives too much authority to one man either for his own good or that of the public.

To engender a disregard for the preservation of human life is to curtail the effects of the physician in behalf of his patients. If cure is impossible and death from the condition weeks, months or years, the logical conclusion is that the patient can and ought to be relieved of the suffering. If humanity demands that the friends and attendants be relieved from the burden consequently upon the care of the invalid, or that the patient be placed beyond the suffering, it is needless to defer the fatal time, *ergo*, let the killing act be done early in the malady. This will be easier on the friends and less suffering for the patient.

The ultimate outcome will follow in that condition advised in Plato's Ideal State, wherein the defective, when no longer of use to the State are slain. This would be but a step to the production of abortion in cases of undesirable offspring or the exposure of the newly born child to a roadside death, and not far removed from the Hindoo woman's throwing her child to the crocodile, or the savage slaying the club-footed infant. As it is easier and more economical to the friends and to the State to kill the defective than to care for them, the physician will be no longer needed. Is this overdrawn? It is from where the world has pro-

gressed with the ages. Remove the sancity of human life and there will be a retrograde movement, the velocity, in direct ratio to the public opinion, irreverence for its preservation.

### **"The Burning of the Books."**

The last three issues of *Journal of the American Medical Association* for 1905 has, in its correspondence department, views from three writers on the question of antiquated medical text books under the above heading.

Dr. Bayard Holmes opens the discussion by reference to the vandalism of the wholesale destruction of literature and records, alludes to the easy production of books in modern times, the worthliness of many of them from various defects, and the value of them to different people—the bibliophile, the student, the antiquarian, the second-handed book dealer, and the paper manufacturer, while the necessity exists for disposing of many books, the burning of the printed page causes regret. In scathing languages he claims that the antiquated medical text books deserves this fate, claiming that "its pernicious influence is more deadly than all the bacteria and contagion which its greasy covers can harbor." Indirectly he condemns all text books of ten years old and over, and makes their selling the curse of modern medical book sellers.

To this wholesale denunciation Drs. H. C. Buck and L. G. Rhodes enter a protest. The latter claims that it is a fad to want the latest edition, that the general practitioner can not and should not attempt to keep pace with the laboratory worker, that the majority of physicians are not able to buy all the latest editions—much of the

revising is the additions of new plates, and the current medical journals give all the new ideas in treatment.

Dr. Buck does not propose to discard his old books for there is a pleasure and a profit in reading and comparing editions on practice from Dun-glison, 1840, to Hare, 1905, and these old authors often stumble on the truth.

There is much truth in all these positions and to find a happy man is perhaps beyond our powers of discrimination as desirable as this would be. Certainly, the medical student should be given the most orthodox text book for his reading, but just here it can be said that the newest text book on any subject or even the latest edition of a well known author is not always the most orthodox or contains the soundest doctrine for instilling into the minds of the future generation of doctors. The teaching should be such that it will not be necessary to unlearn in the first years of his career: to be added to, possible, but not discarded.

As desirable as it is for the practicing physician to keep abreast of the times and acquainted with the newer ideas of progress it is an impossibility, if he must depend upon securing them through the medium of the latest editions of text books. The sum total of the cost of new medical books reviewed by one journal in one year was over fifteen hundred dollars, an amount, according to one writer, two and one-half times as much as the average income of the profession of the United States.

This does not mean that the doctor need not buy new books, or that it is in any way a necessity to purchase all the medical books issued. New books are a necessity, but the number to be purchased will depend largely upon the



character of the practice and the income of the physician. He should certainly add to his library every year and patronize the current medical journals as liberally as is consistent with his income. As to whether he can thus form a new library every ten years as Dr. Holmes indicates in his correspondence, will depend upon his income.

To discard a book simply because it is ten years old is not the part of wisdom. There may be one occasionally so pernicious as to deserve destruction by fire. With many physicians there is a disposition to give their old books shelf room, even if their teachings are not relied on in practice, and even to file old medical journals. This may be a sentiment, but if so is a harmless one, but it is often more than a sentiment, and especially is this so for the writer on medical questions. Age does not detract from truth, and old and well tried remedies are none the less valuable because our forebearers wrote of them and even cured their patients with them. Granted that much of what was written a generation ago or even two years ago is erroneous as we see it to-day, there is no assurance that the teachings of the present are the truth, and the fact remains that in many diseases the percentage of cures is but little changed. There is too much disposition on the part of the profession to discard the old for new things simply because they are new.

While we can not fully endorse Dr. Holmes' advice to condemn books over ten years old, we do agree with him in his condemnation of the book-seller in foisting upon the unsuspecting doctor antiquated books, early editions, books entirely out of date, etc. Even the most reputable publishers do not

always place in their catalogues the date of issuing a book when describing it.

### **Dangers of Scopolin-Morphin Anesthesia.**

The production of surgical anesthesia by the Injection of scopolin and morphin in combination with other anesthetics as chloroform, ether, ethyl chlorid-ether, etc., has been thoroughly treated and many reports concerning its utility have been published. The large majority of the writers on the subject speak of its dangers, many in very strong terms, though acknowledging its usefulness as an adjunct in producing anesthesia. A review of the reports at our command leads to the condemnation of the procedure at least as a means of producing anesthesia to be used in general practice or by the general practitioner.

Whileacre, in a paper before the Southern Surgical and Gynecological Association, reviewed the deaths reported from the use of scopolin-morphin up to the present time and together with his personal studies on the question reaches the following conclusions:

(1) That scopolamin-morpain narcosis is not devoid of danger; (2) that the use of scopolamin-morphin alone for surgical narcosis is not justifiable, and in his experience is not practicable; (3), that a single dose two hours before operation lessens the discomforts attendant on the operative procedure to a high degree, and may obtain a definite place in surgical practice; (4) that four deaths have occurred in a series of 2,400 collected cases, which have been so definitely related to the use of this method of nar-

cosis that they are probably scopolamin deaths; this, however, in the absence of autopsy demonstration; (5) that these deaths were reported as occurring with a type picture of alkaloid poisoning, and heart failure has been given as the direct cause of death; (6) that a fatty degeneration of the liver and kidney has been produced by repeated doses of scopolamin alone, and of the scopolamin-morphin combination, in animals; (7) that this method of producing or assisting narcosis can not yet be recommended for use in general practice, in spite of the great advantage it seems to offer.

Royster, before the same association, claims that there is a clinical difference between hyasciamin and scopalin and sounds a note of warning as to the dangers of the latter.

The New York Medical Journal has a recent editorial on the question in which the author refers to DeMauran's critical review of the subject in *Semaine Medicale* and the fact that its use is practically renounced by the surgeons introducing it. The editorial closes as follows:

"The truth is that scopolamine is a potent poison to the respiratory and cardiac centres, and its use, while not promising any well defined advantage as an anæsthetic, is too dangerous to warrant further attempts to bring it into favor. It is to be hoped that we shall soon have heard the last of such efforts."

From the same issue of the Journal we clip the following abstract:

"Dangers of Scopolamine-Morphine Injections.—In a communication to the *Societe de Therapeutique* (*Bulletin general de Therapeutique*, October 30, 1905), M. G. Bardet called attention to the question of the dosage of scopol-

amine. He said that the usual dose of one half to one milligramme is too large. He has seen toxic effects from half of a milligramme, and claims that to be within the limit of safety, the dose to begin with should not exceed one or two tenths of a milligramme. He recalled an article recently published by Landan (*Deutsche medizinische Wochenschrift*) in which thirteen cases of death following scopolamine-morphine injections were collated. He considered the ordinary dosage employed by surgeons especially dangerous in hepatic operations, or in cases where digestion is disordered, since the alkaloid destroying function of the liver is reduced by disease. He, therefore, urged that the dose should be reduced to one or two tenths of a milligramme, especially when given in combination with morphine. In the discussion which followed this communication, all the speakers agreed with Dr. Bardet. One of them, Mr. Chevalier, said that he personally knew of two cases of death following the scopolamine injections, in the west of France, which had not been published. M. Burlureaux also called attention to the extreme sensitiveness of some individuals to the toxic action of morphine, and said that the dose of one centigramme is imprudently large unless the tolerance of the individual is known. He usually gives two milligrammes, and if this relieves pain he gives no more; if not, he repeats the injection in a quarter of an hour, giving two, three, or four milligrammes. He thought that some of the fatal cases just referred to might be justly ascribed to the morphine in the combination. Mr. Ivon said that when scopolamine-morphine injections are used before a surgical operation, we should not lose sight of the fact

that the resistance of the organism is reduced both by the anæsthetic and by the shock of the operation. It is, therefore, advisable to be the more prudent in the use of these powerful agents."

### **Conception During Pregnancy.**

The occurrence of conception during pregnancy is so rare that a record should be made of the fact when it happens. The Associated Press reports to the newspapers an event of this character, and while it lacks confirmation in all its details from a professional point of view, the attending physician of the last delivery is convinced of the truth of the statement of the mother. Mrs. Alfred Wiltz, of 815 Central Avenue, Albany, N. Y., was delivered, on Dec. 23d, 1905, of a girl child, Dr. Geo. T. Morton attending her. She claims to have been delivered of a boy child just 116 days previous to this, and Dr. Morton makes the following statement of the affair:

"The child is normal," he said, "and I saw the other child, who is apparently not more than four months old, showing as yet no signs of teeth. Mr. Wiltz told me that no physician attended the other birth, though one was sent for, and her only attendant was a woman with whom she boarded, but whose present address she does not know. Mrs. Wiltz's mother and family vouched for the truth of her story."

### **National Quarantine Against Yellow Fever.**

Congressman Jno. Sharp Williams is reported as being interested in the yellow fever problems for the South and will introduce a bill in Congress securing Federal aid in combatting a threatened epidemic. Southern Congressmen will be called together as

early as practicable for a free discussion of the question. Mr. Williams has personal letters from a majority of the members of Congress promising to support any reasonable bill on the matter that is satisfactory to the Southern members.

An effort will be made to frame a bill that will not interfere with any State's rights, or powers, and still give the Marine Hospital Service power to render local assistance when desired, to prevent the spread of the disease from ports of entry or to adjacent States.

### **The Church and Christian Science.**

The Bishop of London in a recent notable address alluded to the so-called Christian Science as a "giant heresy." He believes in the efficiency of prayer for the sick, and in the benefits of the laying on of hands by the clergy. An instance in his personal experience is detracted in which he was enabled by God's help alone to so invigorate the courage, faith and hope of a lady patient as to enable her to submit to a needed operation, where her nervous prostration had been such as to produce a state of mental and moral collapse, precluding the possibility of proceeding with the work on the part of the surgeons. The operation was essential to her cure. The Bishop only aided her to the courage to submit to it. The invigorating the hope and faith produces a great effect upon the bodily condition of the patient. This is the basis of Christian Science and accounts for its success. Further claims are gigantic heresy. These gifts of healing must not be exercised apart from the medical profession. He considers the healing art as practiced by the profession as a sacred thing.

and the doctor who comes to him when ill as much from Jesus Christ as the clergyman who comes to minister to him. He further claims the right of the clergy to work with the physician in visiting the sick and ministering to their needs.

### **Crawford Long Committee is Now Actively at Work.**

Anent our reference to Crawford W. Long as the discoverer of surgical anesthesia in our last issue, the following clipping from the Atlanta Constitution will be interesting news:

A meeting of the executive committee of the Crawford W. Long Memorial Association, appointed by the Georgia Medical Association for the purpose of providing a suitable memorial to the discoverer of anaesthesia in the shape of a statue in the hall of fame in the National capital at Washington, was held at the State capitol yesterday, Dr. Willis F. Westmoreland, chairman of the committee, presiding.

The object of the meeting of this committee was to arrange for the publication and dissemination of appropriate literature relating to the memorial to Dr. Long with a view of raising subscriptions to the monument fund. This work was practically completed and the copy will be sent at the printer. As soon as the printing is completed an active campaign will be begun for the purpose of raising the fund desired. The committee has already in bank between \$300 and \$400, but the cost of the proposed statue to be placed in the National capitol will be something like \$7,500.

It will be recalled that a committee appointed under resolution of the general assembly of 1903, of which Dr. L. G. Hardman, of Commerce, was the

author, after several meetings selected the names of Dr. Crawford W. Long and Hon. Alexander H. Stephens as the most distinguished Georgians in whose honor statues should be made and erected in the hall of fame in the National capital, the number being limited to two to each State. Since the action of this committee no further step has been taken in the matter with the exception of the organization of the Crawford W. Long Memorial Association, including a large number of the physicians of the State, and these propose to make an active canvass in behalf of the movement.

### **WILL RAISE BIG FUND.**

It is the purpose of this executive committee, several of the members of which met here yesterday, to go to work and raise a substantial fund for the Legislature and ask that it appropriate the difference for the purpose stated. The Legislature will also be called upon to make the necessary appropriation to place the statue of Alexander H. Stephens in this hall of fame. It is said the total cost of the two statues will be about \$15,000.

Dr. Hardman, who is a member of this executive committee and also a member of the house of representatives, stated yesterday that he proposed to introduce a bill at the next session of the general assembly making the necessary appropriation for this work. He is confident that the measure will receive strong support.

The members of the executive committee of the Crawford W. Long Memorial Association are as follows: Dr. Willis F. Westmoreland, of Atlanta, chairman; Dr. W. W. Owens, of Savannah; Dr. Alexander Mack, of Decatur; Dr. J. D. Chason, of Bainbridge; Dr. F. M. Ridley, of La-



Grange; Dr. Floyd W. McRae, of Atlanta; Dr. H. J. Williams, of Macon; Dr. R. M. Harbin, of Rome; Dr. S. C. Benedict, of Athens; Dr. L. G. Hardman, of Commerce; Dr. J. B. Morgan, of Augusta, and Dr. Charles Hicks, of Dublin.

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#### Editor Retiring.

With the December issue of the Archives of Pediatrics Dr. Walter Lester Carr retires from its editorial management. Dr. Carr has been in charge of the editorial department of this journal for the past six years and has shown singular ability in its management. Dr. L. E. Fetra, the associate editor, succeeds him.

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#### Board of Charities and Receptions.

The recent report of this Board shows there are 644 insane, imbecils and dotards confined in the county homes of the State. Of this number there are 46 insane persons confined in jails and 163 confined in county homes. During the past year 9 insane persons died while confined in county jails. No report of the insane cared for by relatives or friends is given. The hospitals refused admission for want of room to 230 applicants last year—166 whites and 64 negroes. It is estimated that there are 750 white insane and 800 negro insane in the State now outside the State institution. Of the 2,200 now under treatment it is estimated by the board that two-thirds are incurable. The department for the criminal insane at the penitentiary is crowded.

The board recommends coroner's inquests in cases of suicide or sudden death at the insane hospitals.

These figures speak volumes and are movements to the short-sighted policy of our law makers and the most harrowing features of it is that it must go on this way for some time before it can be remedied with the ratio of insanity increasing faster than that of population, and the percentage of incurables piling up all the while.

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#### Noble Prizes for 1905.

The five annual prizes valued at about \$40,000 each instituted six years ago by Alfred Nobel for the most important discoveries in physics, chemistry and medicine and for the most distinguished work in literature and for the best efforts towards the fraternity of the nation have been awarded for 1905.

In the three in which the medical profession is the more interested, that of physics goes to Prof. Lenard for his researches into the nature of Cathode rays; Prof. Adolph Van Beyer secures the prize for chemistry for his work in organic chemistry, and to Robert Koch is awarded that of medicine for his efforts towards the prevention of tuberculosis.

In the six years since establishment of these prizes no American has received one. It has gone to Germany seven times; to France, six; to Great Britain, four; Switzerland and Holland, three each; Russia, two, and to Norway, Sweden, Denmark and Spain one time each. Two women have been recipients of the award. One, Madam Curie for her discovery of radium, and last year the prize for the best effort toward securing fraternity of nations was awarded the Baroness Bertha Von Suttner because for her novel "Ground Arms," (*Die Waffen Nieder*).

### Death of Dr. Thomas Hill.

Dr. Thos. Hill died at his home in Goldsboro on the evening of Feb. 18th, 1906, at the age of 73. His death was unexpected, for while he had been in feeble health for some time, he was still up and even attending his practice. In the afternoon before his death he was feeling better than usual. He retired early and soon afterwards his wife heard him breathing irregularly and on going to him found him dying.

Dr. Hill had lived in Goldsboro for over 25 years and built up a large and lucrative practice. He was a surgeon in the confederate army, practiced for a while in Salisbury after the war, from which place he moved to Goldsboro.

Dr. Hill was once a familiar figure in the meetings of the State Medical Society and will be remembered by many of the older members of the body.

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John B. Brown, M. D., who died at Ashpole, N. C., Dec. 31st, 1905, was born in 1836 near Red Springs in Robeson County, therefore being sixty-nine years of age. His scholastic training was secured at Old Trinity College; his first course of lectures in medicine received at Castleton, Vt.; his finish at the old Charleston Medical College just at the opening of the war. He began his practice at once at Leesville, Robeson County, and died within two miles of the same place full of years, of work and love and honor.

Always a quiet and rather reserved man he was still one of the best known and most beloved men of the county and hundreds mourned his death.

He was a member of the State Medical Society, the Robeson County Med-

ical Society, the Lodge of Knights of Honor, and also a Mason and a devoted member of the Presbyterian church.

His health failed a year ago. Up to that time he was in active practice and always ready cheerfully to go day or night in any weather to help any and all in need of skillful healing. A master has fallen and we mourn his loss.

He was twice married, his first wife being Martha V. Ashley, a daughter of R. G. Ashley, of Leesville. She died young, leaving two sons, Dr. John P. and William C. Brown, both of whom survive their father. His second wife was Miss Fannie Pitman, of Leesville, and she has been his faithful companion over twenty-five years and nursed him through his last illness with greatest faithfulness and love.

Besides this immediate family he leaves a large circle of kinsfolk in and near Red Springs who will miss him greatly.

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### Dr. Lenard P. Aaron.

Died, suddenly, on Feb. 15th, 1906, at his home in Mt. Olive, Dr. Lenard P. Aaron, age 32 years.

Dr. Aaron was born in the neighboring town of Warsaw, but came to Mt. Olive as a small child, and this has been his home practically all his life. He was a universal favorite as child, boy, man and physician. He numbered his friends by the number of his acquaintances. Whole-souled, big-hearted, genial, generous, faithful and true, it was a pleasure to know him. He was especially fond of children and they of him.

Dr. Aaron was the son of State Sen-

ator D. J. Aaron, who, with his mother and a devoted wife, mourn his death.

His education was obtained in the Mt. Olive graded schools and Oak Ridge Academy. He matriculated with the medical department of the University of Maryland in 1892, from which institution he was graduated in 1895, joining the State Medical Society in 1897. He attended every annual session of the society and was chairman of the section on practice in the meeting of 1904.

After his graduation Dr. Aaron took post graduate work for one year and settled in Mount Olive for practice in 1896. Here he soon built a good general practice, but for the past few years had relinquished much of it to do office work and look after other interests.

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#### Death of Dr. John F. Miller.

Dr. J. F. Miller, Superintendent of the State Hospital at Goldsboro, died suddenly at his residence on the hospital grounds on the night of Jan. 9th, 1906.

Dr. Miller was a man of prominence both in his profession and as a citizen. His genial nature made for him friends

wherever he was known, and to his friends he was ever faithful. He was active in all matters of higher citizenship, a consistent Christian, very zealous in church work, and an exemplary husband and father.

Dr. Miller was born in Cleveland County Dec. 25th, 1834, and was therefore 71 years old. He settled in Goldsboro immediately after the war between the States and did a large and lucrative general practice until eighteen years ago when he was elected superintendent of the Hospital for the Colored Insane, which position he held at the time of his death.

Dr. Miller was eminent as a physician, a close student and was recognized as an authority in the specialty of mental diseases. He gave his aid and influence to the upbuilding of the profession, was in frequent attendance upon the meetings of State Medical Association, and his County Medical Society, of which he was president for the year 1905.

A good and worthy man was he and his loss will be felt by the profession, his church, and a large circle of friends.

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## SELECTIONS.

### Human and Bovine Tuberculosis.

H. Kossel (British Medical Journal, Dec. 2, 1905) says that by bacteriological investigation in tuberculous lesions in human beings, cattle and swine, two types of tubercle bacilli can be detected which may provisionally be called *typus humanus* and *typus bovinus*.

The widely spread tuberculosis of cattle is to be traced exclusively to infection with tubercle of the *typus bovinus*.

Swine are susceptible in a high degree to the tubercle bacilli of the *typus bovinus*, in a lesser degree to those of the *typus humanus*.

The tuberculosis of human beings chiefly arises from infection with tubercle bacilli of the *typus humanus*, which is transmissible from man to man.

Tuberculous lesions in human beings can be produced by tubercle bacilli of the *typus bovinus*.

Tubercle bacilli of the *typus bovi-*

nus can be transmitted to human beings by food derived from tuberculous animals, especially by milk of cows affected with tuberculosis of the udder.

The part played by infection from bovine sources in spreading tuberculosis in man is small in comparison to the danger threatened from a consumptive human being.—*Med. Age.*

### **The Treatment of Gonorrheal Ophthalmia by the Organic Salts or Silver.**

At a recent meeting of the Paris Academy of Medicine M. Darier (*Lancet*, Nov. 18, 1905) reminded his audience that the classic treatment of gonorrheal ophthalmia consists in cauterizing the conjunctiva with nitrate of silver. This procedure no doubt rapidly dries up the suppuration, but it also destroys the conjunctival epithelium and increases induration in tissues which are already edematous. Sometimes it is attempted to reduce the infiltrations of the tissues by means of iced compresses, with results which are more harmful than useful. The real object of treatment is to reduce the induration of the tissues, and M. Darier treats his cases as follows: Every morning and evening during a space of one or two hours, at an interval of from twenty to thirty minutes, from three to four drops of a 25-per cent. solution of argyrol is instilled into the eye, the eyelids being held so as to make a kind of bath for the conjunctiva and the fluid being retained as long as possible. This argyrol bath is in no way painful, but relieves the patient in a very real fashion. Besides the instillation of a 25-per cent. solution others of a 10 per cent. solution are used day and night every half-hour. At the end of

fifteen days the secretion has most likely ceased, but the conjunctiva is still rough. After eight years' trial M. Darier has come to the conclusion that although the organic salts of silver apparently have less bactericidal power than the nitrate, yet they are surer in action owing to their superior powers of penetration and their being harmless to the tissues. They may be applied almost continuously, and in strengths of even 8 or 50 per cent.—*Med. Age.*

### **Puerperal Infections.**

R. W. Holmes (*New York Medical Journal*, Dec. 9, 1905) says that practically the battle against puerperal infection is won by an adequate system of asepsis and antisepsis. True autointoxications very rarely arise and usually are not of serious portent.

It is no more possible to operate aseptically without skilled assistants in obstetrics than in general surgery; to properly conduct an operative case requires a full quota of assistants.

Puerperal infection is not a specific disease. Diverse types of micro-organisms may be the etiological factors, and any part of the parturient canal may be the seat of the infection.

To treat locally a thermal condition of the puerperium without a clear, positive knowledge of the seat of infection should be characterized as an obstetric crime.

At the present time there is absolutely no method of adequately reaching the offending germs in the uterine submucosa or muscularis. The curette can not discern the locality of the retained remnants of secundines; the finger alone can ascertain this; a placental forceps more easily, more certainly, and with infinitely greater



safety can remove them, under guidance of the finger.

It is a grave error to neglect digital revision of the uterus after any instrumentation for the purpose of cleaning the uterine cavity.

Nature, by supplying the reaction zone of Bumm, offers the surest safeguard to the woman; puerperal infections demand the same rest for the uterus as inflamed parts elsewhere require rest.

The danger of shreds in the uterus is greatly overestimated as regards their role in infections.

Active operative measures endanger the life of the woman doubly or trebly to the extent the expectant plan does.

The use of saline purges, and the administration of ergot, hydrastis, etc., remove much of the danger or necessity for active therapy; in a day or two the danger is often past, for, like a baby, the lying-in woman is subject to evanescent febrile elevations.—*Med. Age*.

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#### Indigent Insane.

The care of the indigent insane has always been a prolific cause of expense to the various state governments. The penuriousness of many persons has unnecessarily increased this expense. It has been found, in this State, that a large percentage of the indigent insane in the public institutions are not really indigent at all. Many of them own income-producing property, more than sufficient to pay for their maintenance. The greedy relatives of these people have foisted their unfortunate friends on the public. They have taken possession of the property and have been in the enjoyment of the income for years while the unfortunate insane person has been a public charge.

In New York State, another method of getting rid of responsibility has been found. The New York officials find that their State has been made the dumping ground for the indigent insane of other States. A person who is harmlessly deranged and who has no property or friends to support them is provided with a railroad ticket and shipped off to some point in New York where he is soon picked up as a pauper, unable to care for himself. They are sent to an asylum and the State is saddled with the expense of a man or woman who has no claim upon it.

The New York authorities have been investigating this matter, and wherever they can ascertain the place from which the insane pauper was originally sent the patient is shipped back. It would probably be found that a similar state of affairs exists in this State. The larger and more wealthy States are considered fair game in such things by smaller and less fortunate communities.—*Medico Chi. Jour*.

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#### The Postoffice and the Quacks.

The Postal Inspectors have been doing good work of late in rounding up the quacks who have been using the mails to foster their trade in various nostrums, some of them innocuous, but many of them absolutely dangerous, when placed in the hands of ignorant people. Unfortunately the postal authorities can interfere only when they can show that fraud is practised, or that the matter sent through the mails is immoral.

Happily one class of illegal practitioners come under both heads. They are the men who advertise drugs to produce abortions. While many of these advertisements are fraudulent, in the fact that the drugs, sent to the

credulous customers, are absolutely useless for the purpose for which they are purchased, many of them are compounded by men who are skilled in this form of murder. The first class can be caught under the fraud clause and the latter under the laws relating to morality.

The activity of the Inspectors is specially useful in calling the attention of the local authorities to the men who use the mails for such purposes. The Postal Inspectors in this way are proving a valuable preventive police and will help largely in breaking up the nefarious trade.

One great difficulty the police of large cities experience, in trying to prevent this growing evil, is that of getting the correct names and addresses of the men who deal in the deleterious drugs. By the aid of the Inspectors they can now readily locate the illegal practitioners and round them up in the nests of the law.

The newspapers, and other advertising mediums, could also help the good work by refusing the advertisements of such men. It does not need any knowledge of medicine to recognize the advertisements of the class mentioned. The advertisements are couched in language which anyone can understand. They are direct to a comparatively ignorant class. In almost any daily paper can be found advertisements which are plainly simple offers to supply instruments or drugs to take human life.

Surely no reputable paper can find it profitable to lend itself to the nefarious business. It will be a good day when the business offices of all the papers in the land recognize their duty to their readers, by refusing to

accept business of that kind.—*Medico-Chi. Jour.*

### **The Natural History of Cancer.**

The origin of cancer, after years of careful and exhaustive research and orientalism, still remains one of the mysteries of medicine. Theories of its genesis are brought forward from time to time, attract some attention and vanish. There has been but a trifling gain in our knowledge of the etiology of this ever broadening road to immortality in the memory of man.

W. A. Freund quoted in the Journal of the American Medical Association for April 8, regards senilism in the widest sense of the term as the prime etiological factor in cancer. The senile changes may be premature or timely, and they may be localized, affecting skin, glands and mucosa, or they may be generalized; occur spontaneously and normally in these parts of the body, or abnormally. An indolent degenerative process, with mild and insignificant symptoms may suddenly take on an acutely malignant phase. Promising field of research lies in the study of the parts most frequently affected by cancer before the growth appears, and also in the conduct of cells of various adjacent tissues separated from their environment. Wentscher has conducted research on the persistent vitality of cells of the rete malpighii in detached scraps of skin.

Freund believes depressing influences have an effect upon determining the transition of a "borderland" growth into a malignant one. As to curability, Freund thinks that permanent cures follow early destruction of primary carcinomata, especially those occurring about the face and tumors

developing from warts and moles. Metastatic growths are more amenable to treatment than the original tumors. Spare, elderly patients have better prospects than younger and stouter ones, especially pregnant women. Spontaneous retrogression of metastases may follow removal of the primary growth. Freund emphasizes the importance of hygiene, of regular habits of life, and the avoidance of cancer subjects by those predisposed.--  
*Atlanta Journal-Record.*

proved damaging. Modern surgery appears to have delegated to some unlicensed liberty to invade with impunity any and every organ. To practice their harmful fad operations on the greatest number of victims seems to be their highest ambition. What the final effect of these operations is apparently does not concern them. The past generations has been the introduction and extensive practice of several notorious fad operations. We shall always have in medicine and surgery the faddist.--  
*Atlanta Journal-Record.*

### **Irrational Surgery, or Surgery Gone Mad.**

(By Byron Robinson, M. D., Chicago.)

We live in the era of progress. The signs of progress are the changing of questions and shifting of grounds. Old questions are put into new forms. Old grounds are defended on new principles. The progressive tendency pervades every department of life. Deep in every human heart there lies the hope of progress. Progress consists in lessening suffering and consequently increasing the sum of happiness. It consists in converting Nature's forces into use for man's welfare. There was progress when the light of kerosene superseded that of the tallow candle, when the electric light superseded that of gas, because it saved the eye from strain and facilitated its usefulness. There was progress when the slave was liberated from his bondage, because it allowed him opportunity for development and usefulness. In surgery not every new operation indicates progress, because all are not useful. Some do not lessen suffering or add to the sum of happiness. On the contrary, some new operations have been abandoned because they have

### **Of the Army.**

(Editorial in the Medical Sentinel, Portland, Ore., December, 1905.)

The readers of the Medical Sentinel scarcely need figures to convince them that the Medical Department of our Army is entitled to all the support it can receive in its efforts to raise the standard of its service. Yet, so important is this question, that we may be pardoned if we quote figures based upon the official records. There has rarely been a conflict of any duration in which at least four men have not perished from disease, for every one from bullets. In the Russo-Turkish war, 80,000 men died from disease and 20,000 from wounds. In the Crimean campaign it was asserted on eminent French authority that in six months the allied forces lost 50,000 soldiers from disease, and only 2,000 from casualties. In the French campaign in Madagascar in 1894, of the 14,000 men sent to the front, 29 were killed in action, and 7,000 succumbed to disease, most of which was preventable. In our Spanish-American war in 1898, in a campaign the actual hostilities of which lasted six weeks, the deaths from casualties were 293,

while those from disease were 3,681, or nearly 14 to 1.

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Perhaps some people might have thought, up to the time of the Russo-Japanese war, that such mortality from disease was unpreventable. But the Japanese have shown us that this view of the matter is not the correct one. Medical men knew this before, but if the public had become quick to become awake to the facts, their representatives in Congress would not have been permitted to go to this late day without enacting laws that would give the required relief. From February, 1904, to May, 1905, there were 52,946 deaths in the Japanese army from casualties and wounds, while the total deaths from sickness amounted to 11,922. This record is unparalleled and unapproached in the history of warfare, and merely shows what can be accomplished by intelligent and adequate medical organization. One writer, in answering the question as to how this was accomplished, says it was done in three pre-eminently fundamental ways. First, thorough preparation and organization for war such as was never before made in history, as to the medical department; second, through the simple, non-irritating, easily digested ration furnished the troops; and, third, because of the brilliant part played by the members of the medical profession in the application of practical sanitation and the stamping out of preventable disease in the army. Japan organized the medical department of her army on broad, generous lines, and gave its representatives the rank and power their great responsibilities merited, recognizing that they had to deal with a foe which history has shown has killed 80 per

cent. of the soldiers who have died, in other wars. As this author pertinently remarks: "She even had the temerity (strange as it may seem to an American of English army officer) to grade her medical men as high as the officers of the line, who combat the enemy who kills only 20 per cent., and to accord them equal authority, except, of course, in the emergency of battle, when all the authority devolves as it should, on the officers of the line. In her home land she organized the most splendid system of hospitals that has ever been devised for the treatment of the sick and wounded, and with her army at the front, she put into execution the most elaborate and effective system of sanitation that has ever been practiced in war."

\* \* \*

It is a sad pity that the near relatives of the unfortunate soldiers who die of preventable diseases, can not be organized, so that they might with greater force demand that their representatives in Congress amend the present inadequate laws. When deemed necessary, tens of thousands of dollars will be expended, and that properly, by the State, in the prosecution of a criminal who has committed one murder. The theory of the prosecution is that life is the most precious possession of man. And yet where not one victim is involved, but tens of thousands, appropriations and salient measures are withheld, because a few paltry tens of thousands of dollars are involved. Our soldiers, in time of war, are slaughtered by disease by the thousands. After the turf is laid upon their last resting place, a headstone is placed to mark the spot, the world moves on as before, nobody is punished, and no united efforts is made



on the part of mourning relatives to secure a reform. The father sheds a tear over the body of his promising son, a victim of typhoid fever. He has, perhaps, no other son to give to the remorseless juggernaut of disease; or he fondly hopes, if he has other sons, that no call for their services will be made by the country. The mother, who has, perhaps, lost her sole support, has no voice in the affairs of the nation, and would not know how to exercise it to advantage if she had a voice. The newspaper reader who learns of the horrible decimation in the camps that have been selected by army officers, without consulting the medical department, and often against their ineffectual protests, is shocked for a few brief days, and acts as if disease were a visitation of God, for which there was no remedy, and no means of prevention.

\* \* \*

In the meantime, the Medical Department of the Army, staggered and disheartened by the inadequacy of the law, are still striving, year after year, to remedy the present unfortunate state of things. They realize that the conditions existing in the United States, while no worse, perhaps, than in some other countries, are, as regards effective organization, deplorably behind Japan, and disgracefully behind what they should be in such an enlightened country as this. The medical profession of the country can do much to secure an improvement of the status of the Medical Department of the Army. Individual members of the profession can reach their Congressmen and Senators, whose interest would be valuable. Where they are lukewarm, their interest should be awakened. When war comes, this is

a matter of more than general interest; it touches every locality.

\* \* \*

The army to-day is officered for a strength of 100,000 men except the Medical Department, which is only sufficient for 42,000. As the Surgeon General has succinctly put the case: "The three primary duties of the Medical Department are: (1) to preserve the effective strength of armies by military sanitation; (2) to care for the sick and wounded; (3) to conduct the administrative work of the department. To carry out these objects requires a highly specialized and complex organization, and a numerous trained personnel. Military sanitation is now recognized to be a well marked specialty in medicine, of which the average practitioner knows little more than he does of the methods of military medical administration. The second duty is that for which civilian physicians can be used to advantage, while the first and third must be, in the main, in the hands of trained medical officers in order to secure efficiency, and to relieve the volunteer medical officer of the "red tape" which, while necessary a evil, is so burdensome and incomprehensible to men not trained to Government methods."

\* \* \*

The bill which is now before Congress provides for an increase of medical officers from 320 to 450, exclusive of the Surgeon General. It reduces the length of service required in the grade of Lieutenant before promotion to Captain, from five to three years, in order to correspond with the requirements of the naval service. It increases the proportions in the higher grades to that existing for many years prior to the reorganization of 1901,

and nearly equalizes them with those existing in the Medical Corps of the Navy. It provides examinations to determine fitness for promotion up to include the grade of colonel. It provides a Medical Reserve Corps which shall constitute an eligible list, of medical officers who shall have been examined, and commissioned if found fit, for service as medical officers with the rank of first lieutenant in case of war or other emergency. These reserve medical officers are intended to replace the contract surgeons, upon which the Medical Department depends for expansion when its numbers are found to be inadequate for the needs of the service, as, for example, when the army is raised to its maximum authorized strength of 100,000 men. They are not intended to in any way replace the volunteer medical officers.

\* \* \*

President Roosevelt is fully alive to the importance of this matter, and in a message to Congress last January, he said: "Not only does a competent medical service, by safeguarding the health of the army, contribute greatly to its power, but it gives to the families of the nation a guaranty that their fathers, brothers and sons who are wounded in battle or sicken in camp shall not only have skilled medical aid, but also that prompt and well ordered attention to all their wants which can come only by an adequate and trained personnel. I am satisfied that the Medical Corps is much too small for the needs of the present army, and therefore very much too small for its successful expansion in time of war to meet the needs of an enlarged army, and in addition to furnish the volunteer service a certain number of officers trained in medical

administration. . . . If the Medical Department is left as it is, no amount of wisdom or efficiency in its administration would prevent a complete breakdown in the event of a serious war."

#### **Massage vs. Osteopathy.**

By Mr. A. Aberg, Denver, Colo.

It is a well-known fact that physicians all over the country are particularly averse to the claims and methods of the so-called osteopaths, who, taking their place among the quack practitioners of the healing art, fill the cheap newspapers with advertisements of what they have done, and of what they can do. They are now found in every community. That their claims of cures are specious, aside from the little good they may do in certain diseases along the line of massage, there are few who will undertake to deny. Still they flourish, and in most instances to the direct detriment of the skilled and legitimate doctor. They know little or nothing of anatomy, and little or nothing of genuine massage, as it is taught in the schools of this country and Europe.

Without going into any extended description of the methods used by these unskilled osteopaths, many of whom dropped the plow or shovel to take up their "profession," it will suffice to say that their mode of treatment is nothing more than the lowest grade of unskilled massage. And, in fact, it is oftentimes of so violent a character, that the poor victim is left permanently injured. Several instances of this kind can be cited in Denver. A delicate child is taken to one of these osteopaths, who proceeds at once to make a diagnosis. He finds

a bone out of place, one or two of the vertebrae perhaps, and he goes to work with his grubber's strength to correct the evil. The little victim is twisted, mauled, rubbed and stretched in a most brutal fashion, much as if he or she were paying penance in the inquisition of olden times. But it is all necessary to get the recalcitrant vertebra back into place. Just when it left its snug and accustomed place in the spinal column to wander over in the region of the epigastrium, no one can ever tell, but the muscular "professor" finally drives it back, complaining perhaps, to its duty in the median line. If the child survives the ordeal, he or she promptly gets well, more than likely as an acceptance of the horn of the dilemma farthest removed from falling into the hands of the muscular "professor" again.

Notwithstanding these well-known facts, physicians do nothing to stay the progress of this nefarious beyond verbally condemning it occasionally. As the guardians of public health and the public welfare generally, they should do more. They should use one of the best weapons in the world against the osteopaths—massage.

There are in nearly every city in the United States one or more skilled and qualified massage operators, who have learned their profession in reputable and recognized schools in this country or abroad. They look to the doctors for work, to be done under the doctor's supervision, but many of them look in vain. It is quite true that massage, as a profession, has been grossly abused because of inadequate protection, and that physicians have therefore not always obtained the results that they had a right to expect, but that should not deter the doctor from

employing this legitimate and recognized therapeutic agent when a skilled operator is so easy to secure. The physician should decide if his patient could be benefited by a thorough course of scientific massage, and then should recommend a certain operator to him, who would give the massage under the physician's directions. In this way the physician would retain his patient, and prevent him from falling into the hands of unskilled osteopaths.

Before employing or recommending a massage operator the physician should always make the fullest investigation in regard to the operator's ability and qualifications, as well as to his or her general character. As the newspaper men say, "it is results that count," and in this way the physician can count on results. Then, if he be fully qualified in massage, he should give minute directions, a prescription I might say, as he would for the combination of drugs that may accompany the manipulations. This is done by many physicians in other cities, and I may say by a few in Denver.

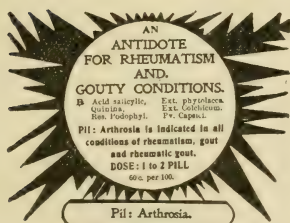
Those physicians who have not had the advantage of a course in massage can go to any qualified operator and enjoy a trial treatment or two, which will not only demonstrate what the operator can do, but give him a fair idea of the movements and their uses for his future recommendations.

In reading any text-book on medicine or surgery we are constantly reminded that massage is a valuable therapeutic agent in many ailments of the human body. In reading any cheap newspaper we are daily reminded that the osteopaths are abroad in the land, taking advantage of this fact to ply their vocation of rounding up the wandering bones in the human

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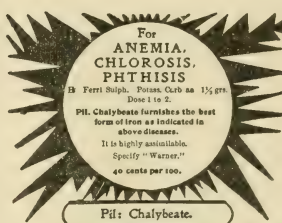
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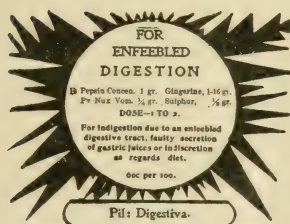
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body, to the detriment of the regular physician. The skilled massage operator is a help-meet of the physician, occupying a legitimate place at the right hand of the physician, while the osteopath is a catcher of suckers through a loop-hole in the law.

Professors in medical colleges, in their lectures, will tell the students that massage should be employed in this or that disease, and that it is of recognized value. Still the same professor who so ardently recommends massage in his lectures, perhaps never recommended it in his private practice, and nine times out of ten he will freely confess, if approached on the subject, that he knows nothing whatever about the methods of applying this kind of treatment.

On the European continent massage is held in high regard. The physicians not only employ the services of male and female operators, but many prominent physicians practice the art themselves as a specialty.

In many universities of Europe a chair for teaching massage to medical students is regularly provided. These men, when they leave school to begin the practice of medicine, are also practical massage operators. There the bone-replacing osteopaths are unknown. The deduction is plain. The way to stamp out the osteopathic fad is to lift massage to the place where it by right belongs, and this can only be done by recognizing and employing well qualified massage operators. In this way the laity will be educated to distinguish between scientific massage and osteopathic quackery.

A therapeutic agent that has such able advocates as S. Weir Mitchell in this country, and Lorenz, in Europe, as well as thousands of the most bril-

liant physicians all over the world, should be studied by every medical man, and given the consideration and place it so well deserves. And in doing this the physician would effectually black the progress of one of the most specious fads now in existence.—*Colorado Medical Journal*.

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### Anxious About Him.

One winter's day a very bow-legged tramp called at a home in Ontario and stood to warm himself by the kitchen stove. A little boy in the home surveyed him carefully for some minutes, then finally approaching him, he said: "Say, mister, you better stand back; you're warping!"

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A Western Congressman whose testimonial of a patent medicine has of late appeared in all the papers, has recently received a remarkable letter from a person who evidently thinks the Congressman has the remedy on sale as a sort of Congressional side line. The letter follows:

"Dear Friend and Statesman: I rite you the urliest dait to be so cind as to do me a fafor. I haf trid all cinds of patent medisn for heart decetse an no avail. I red your little pome on Hart deces beginning  
"The hart which sad tumultus beets,

With throbs of keenest pain  
Wil oft recover its defects

Thro' natur's sweet refrain."

"I now ask you to send me by return male 2 bottles of your medisn natur's sweet refrane. I haf never trid an injun doc but haf took all cinds erbs. Sen to — — — Penn.

"P. S.—I will sen prise by return male."

The new United States Pharmacopœia makes many changes in the strength of drugs and preparations, reducing some, increasing others as much as double. The law recognizes the current U. S. Pharmacopœia as the standard. To avoid accidents and damage suits on the one hand, and puzzling lack of results on the other, both the druggist and doctor must follow the same standard. As a convenient pocket reminder of these changes, the importance of which must be at once obvious to every physician and pharmacist, Messrs. Lea Brothers & Co., the Medical Publishers, of 706-8-10 Sansom Street, Philadelphia, and 111 Fifth Avenue, New York, have issued for free distribution a carefully prepared leaflet an alphabetical list of important changes. The strength of each preparation listed is given as in both the old and the new U. S. P.

To aid in preventing untoward or negative results in the use of powerful drugs this leaflet will prove handy and valuable.

A postal card request will bring a copy to any physician, druggist, student or nurse.

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### Sprains.

The cause may be the prolonged ingestion of bromids, or pyemic infection, sometimes due to an ulcerated tooth. The lesion, which lasts five to seven days and is relapsive, in a small, shallow ulcer on a broad, elevated base near the corneal margin—usually the ulcer. Jackson employs protargol in two to five per cent solution freely as a wash, applying a ten to twenty per cent solution once or twice a day. The conjunctival sac should be thoroughly cleansed at short intervals in bad cases.

### Heavy Colds.

The rheumatic and grippy conditions which so frequently accompany heavy colds are sometimes overlooked.

By the prompt use of Tongaline the irritating features of these conditions are ameliorated and the congestion is relieved, while the great stimulating action of Tongaline on the liver, the bowels, the kidneys and the pores, quickly expels the poisons which is the cause of the trouble.

---

Dr. Franklin H. Martin, Professor of Gynecology in the Post-Graduate Medical School of Chicago and Surgeon to the Woman's Hospital and the Post-Graduate Hospital, says: "I have employed Sulpho-Lythin and believe it is one of the most efficient remedies for the preparation and after treatment of surgical cases that has recently been brought to light."

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### Grippe.

An eliminant in the treatment of grippe is self-evident, for the sooner the germ of the disease is expelled, the more rapid the recovery and the less likelihood of any sequelae.

Tongaline presents an ideal remedial agent in grippe because it relieves the pain, reduces the fever, eliminates the poisons and stimulates recuperation.

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### Suspension.

With the December issue the Journal of Medicine and Science of Portland, Maine, suspends publication after eleven years existence. It was a publication of high order and we will miss it from our exchange list. Want of adequate support is the reason for its demise.

## SURGICAL SUGGESTIONS.

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Warming a laryngeal mirror prevents condensation of the breath upon it only for a short time. The mirror will remain bright, however, throughout a prolonged examination if, instead of warming it, its surface is smeared with an invisible film of soap.—*American Journal of Surgery*.

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When scissors become "catchy" their edges can often be surprisingly smoothed by carrying each blade repeatedly from lock to tip between the firmly pressing thumb and forefinger. Each kind and size of scissors has its own capacity, and should be used only for what it is intended. Ophthalmic instruments are not intended for ordinary dissections, tissue scissors should not be used for cutting bandages, nor bandage scissors for plaster of Paris.—*American Journal of Surgery*

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During narcosis, when strenuous breathing calls for extension of the jaw, it is well to hold it forward first on one side, then on the other, alternating at short intervals. Long, continued pressure at the angle or angles of the jaw produces much soreness. Often the jaw can be kept forward by catching the lower incisor teeth in front of the upper ones (if they are strong); a single finger on the chin is enough to maintain this position.—*American Journal of Surgery*.

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Nitrous oxide narcosis can, in most cases, be continued "smoothly," with no cyanosis and with fair degree of relaxation, even for an hour. A laparotomy may be thus performed, if ether and chloroform are contraindicated.

To secure such a narcosis it is best to use an apparatus that permits exhalation into the gas bag, and which has a valve for the admission of air. The bag should not be distended fully. After brief air and gas administration, air is turned off and the patient breathes  $N_2O$  and his own  $CO_2$ . At short intervals, and whenever there is any cyanosis, a single breath of pure air is allowed.—*American Journal of Surgery*.

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A wedge of hard wood makes a gag quite useful, often, when administering anesthesia. A discarded thermometer case (or a hard rubber douche pout) is a serviceable handle in which to mount, with candle grease or adhesive plaster, a stick of silver nitrate. Steel spring tape-measures are better than the wires generally sold for the purpose, for conducting to an x-ray tube the current from the coil or static machine; easily kept taut, and quickly adjusted, they are safest for the patient and most convenient for the operator; that they are not insulated is inconsequential—the coverings on the regular wires do not insulate the induced current. Cheap powder blowers, such as are used for insecticides, may be employed as insufflators in surgical work, and pepper boxes are useful for dusting powders.

Wooden skewers are serviceable nail-cleaners. Rolling pins and kitchen towel racks are very convenient for adhesive plaster, rubber tissue, etc., especially for hospital dressings. Grocers' bags are the most serviceable receptacles for soiled dressings. Tarpaper is a smooth, fairly waterproof

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which goes to form the treatment of the secondary anæmias is iron; the other constituents of the arch comprise such

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material to tack on the floor when preparing a room for operation.—*American Journal of Surgery*.

A scroll-saw, with an assortment of a dozen saws, can be purchased at the hardware store for twenty-five cents; it is ideal for resection of the small bones of the hand and foot, for amputations of the digits, etc. Well tempered carpenter's chisels and gouges, and a carpenter's wooden mallet answer the purpose admirably for bone work. A useful bone drill can also be selected from the stock of the hardware dealer. A gardener's pruning knife and a carpenter's miter saw are the best tools for the removal of plaster dressings. A cheap potato knife, rough sharpened on a stone, is excellent for cutting through starch bandages. Crochet needles are most useful for lifting buried stitches out of a sinus.

Knitting needles find another purpose as a means of rupturing the membranes when this is needed in obstetrical work. Sharp and blunt retractors may be fashioned, in an emergency, by bending the tines of a fork and the handle of a spoon, respectively. A teaspoon is also useful as an elevator of the eye, when resection of the superior maxilla is performed. An inverted tea-strainer is useful in the dressing after colostomy, to prevent pressure of the gauze upon the gut. A spoon-shaped potato cutter may be used, in an emergency, as a wound curette. Similarly, applicators, probes and depressors may be improvised by twisting stout copper wire. The multiple surgical material, if necessary, a small self-retaining speculum can be quickly made from steel wire; it often obviates the need of an assistant when searching the hand or foot for a foreign body.—*American Journal of Surgery*.

## MEDICAL NEWS AND ITEMS.

### Banquets.

The Haywood County Medical Society, with guests from Jackson and Swain counties, were the guests at a complimentary dinner in honor of the society at Waynesville, by Dr. J. Howell Way, January 8.

The Iredell-Alexander County Medical Society held its annual dinner early in January at Statesville, with a with a goodly attendance.

The members of the Wilson County Medical Society were the guests of Drs. Charles Moore, Albert Anderson and E. Thomas Dickenson at a complimentary banquet January 4 at Wilson. A number of visiting physicians from adjoining counties were present.

### Election of Dr. Faison.

The Directors of the State Hospital at Goldsboro have elected Dr. W. W. Faison as superintendent of the institution to succeed the late Dr. J. F. Miller, deceased. Dr. Faison went to the institution as assistant physician in its earlier days, in the second year after it was opened, we think, and has served as such faithfully for nearly a quarter of a century, and his promotion is a deserved compliment to his fidelity.

Castor oil applied to common warts night and morning, it is claimed, will effect a cure.

## The American Journal of Clinical Medicine.

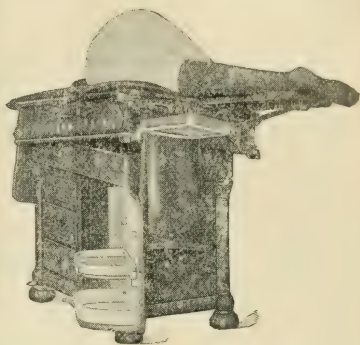
The publishers of the Alkaloidal Clinic, a journal that has met with phenomenal success, on January 1st changed the name of their journal to the American Journal of Clinical Medicine. From its beginning twelve years ago by Dr. W. F. Waugh, this journal has stood for the use of pure drugs in the most refined form—the alkaloids. Drs. Waugh and Abbott make a first class team. They are optimistic, progressive, scientific, pushing hustlers and every copy of their journal bears their impress on every page. The subscription price, only \$1.00 per year, is ridiculously low, since each number is worth the yearly price.

## War Between Doctors and Druggists.

We learn from a Western exchange that two hostile petitions are being circulated in Iowa for signatures, and will later be presented as bills before the Legislature of that State. One has been drawn up by the physicians and asks that druggists be restrained from counter prescribing, while the one circulated by the druggists provides that the physicians shall be prohibited from compounding prescriptions. We can only hope that if these two absurd measures should ever reach the State solons they will both be defeated, as they deserve.

That old "stand by" of antiseptic products, the agent that is known over the whole civilized world as the standard of antiseptics, Listerine won fresh laurels in the shape of a gold medal at the Lewis and Clark Centennial Exposition. For full particulars see the advertisement on second cover page.

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### Deaths in Wayne County.

Wayne county mourns the loss by leath of four prominent physicians in leses than forty days. First came the death of Dr. J. F. Miller, superintendent of the State Hospital, followed soon after by Dr. W. H. Fenlayson, of Goldsboro, a retired physician; then Dr. L. P. Aaron, of Mt. Olive, and last Dr. Thos. Hill, of Goldsboro. Dr. Aaron was the only young man of the number, the others all being over 70 years old. Three of them were sudden, almost with no warning, Dr. Finlayson's only being expected.

The Nobel prizes, each amounting to about \$40,000, were distributed by King Oscar at Stockholm on December 10. The list includes the following: Physics—Philip Lenerd, professor at Kiel University, for researches into cathode rays. Chemistry—Adolph von Boeyer, professor at the University of Munich, for research leading to the evolution of organic chemistry and the development of chemical industry. Medicine—Prof. Robert Koch, of Berlin, for research on the prophylaxis of tuberculosis. Literature—Henri Sienkiewicz.

### Remedy for Boils.

Dr. Gibbon (Med. World) claims Aromatic Sulphuric Acid in twenty drop doses an hour after meals to be a specific for boils.

As a local anesthetic in opening boils, felons, etc., try the following: Chloroform, 10 parts; sulphuric ether, 15 parts; menthol, one part. Spray on with an atomizer.

# Book=Clearing Sale.

Cut to	Cut to	Cut to
McClelland, Reg. Anat., \$15	Kirks, Physiology, \$3	Am. Text-Book of Therapeutics, \$7
Rotch, Pediatricks, cloth, \$6.50	Taylor, G. U. and Ven. Dis., cloth, \$5	Tirard, Med. Treatment, \$4
Am. Text-Book Dis. of child, \$7	White & Martin, G. U., \$8	Zeigler, General Pathol., cloth \$5
Hare, Prac. Diagnosis, cloth \$5.00	Kelly Gyn., 2 vols., \$17 set	Bilroth, Surg. Path., cloth, \$5, rare
DaCosta, Medical Diag., \$7	Albright, Gen. Practitioner as a Specialist, cloth \$15.00	Am. Text-Book Path., \$7.50
Vierordt, Med. Diag. clo. \$4	Enhorn, Intestines, \$3	DaCosta, Blood, \$5
Musser, Diag., \$7	Tillman, Surg. 3 vols., \$15 set	Foster, Encyclopedic Medical Dictionary, 4 vols., sheep, \$48 set
Purdy Urine, \$3.00	Bryant, Operative Surg., 2 vols., \$10	Quain, Dict., of Med., 1 vol., \$12
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In the city of Bahia during the epidemic of 1887 there were, says an exchange, 1676 deaths from variola alone. The people adopted general

vaccination, and the epidemic declined the following year; in 1899 there were only ten deaths, and in 1900 none; in 1902 there were two deaths, and in 1903 only one death from this cause. In Rio de Janeiro in 1903 there were 805 deaths from variola; in 1904, owing doubtless to the great antipathy of the people here to vaccination, the number of deaths from this cause reached the large figure of 3,566, and up to date this year there have been 221 deaths from variola. In Pernambuco, in 1904, 909 persons died from this cause, and up to August 1, 1905, there were 2,600 deaths from variola.



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It is estimated that there are some 300 lepers in the United States. They are scattered through twenty-one States and Territories, but the six States of Louisiana, California, Florida, Minnesota, and North Dakota have all but forty-eight of them. In Louisiana there are 155 cases, recruited

for the most part from persons who have gone there from Southern Europe; California and Florida each have 24 cases; in Minnesota there are 20, and in North Dakota 16. There are five cases each in Illinois, Mississippi and Wisconsin. The other States in the list have from one to two cases each. In 186 of the cases the disease was contracted in this country. Only 72 of the total number of lepers are at present isolated.

In the State of Ohio there is a law forbidding the issue of marriage licenses to habitual drunkards. A similar measure is to be submitted to the New Jersey State Legislature.

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## BOOK REVIEWS.

**MAN AND HIS POISONS**, a practical exposition of the causes, symptoms and the treatment of self-poisoning, by Albert Abrams, A. M., M. D., F. R. M. S., Former Professor of Pathology and Director of the Medical Clinic, Cooper Medical College, San Francisco. Illustrated from the press of E. B. Treat & Co., New York.

This book should interest every practitioner of medicine as it is now an established fact that self-poisoning has advanced from a plausible and fascinating theory to a verity. The human body is a receptacle and laboratory of poisons that constantly threaten life, but so alluring has been the germ theory of disease that it has almost annihilated any initiative seeking the causation of diseases from any other sources. The author shows how many nervous and mental diseases are often caused by poisons from the alimentary canal, and produces as proof the beneficial effects of treatment based on this theory. The author has presented in clear terms and concise form the fundamental principles of the subject and has given us a very useful book of 268 pages, which the publishers have gotten out in neat binding. Price, \$1.50.

**MINOR AND OPERATIVE SURGERY, INCLUDING BANDAGING.** By Henry R. Wharton, M. D., Professor of Clinical Surgery in the Woman's College; Surgeon to the Presbyterian Hospital, Philadelphia, etc. New (6th) edition, enlarged and thoroughly revised. In one 12 mo. volume of 642 pages, with 532 illustrations. Cloth, \$3.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

Dr. Wharton's work has for many years been the accepted authority in its field, and justly so.

In its many revisions its scope has been gradually broadened in response to the suggestions of its many readers, so that in the present edition it really covers all except what might be termed capital surgery. Thus, there have been included many operations, such as tracheotomy, intubation of the larynx, operations on the stomach, gall-bladder, kidney and intestines, and those for appendicitis and hernia, together with many others which are somewhat beyond the vague line which separates major from minor surgery. The increased attention which is given in the medical colleges to operative procedures on the cadaver and the importance

of this method of instruction have led the author to include those operations which can be advantageously taught in this way, such as ligation of arteries, amputations, excision of joints, operations upon the nerves and tendons, intestinal anastomosis, etc., The various bandages and surgical dressings are clearly described, and illustrated by numerous engravings, many of which are photographic, and all of which are most helpful. Particularly will the helpfulness of the illustrations be shown in the section on bandaging where almost every variety of bandage or dressing is explained in detail, and shown with such clearness that a novice could scarcely fail in the application of one.

The importance of sepsis and anti-sepsis has received full consideration, and Surgical Bacteriology is covered in a special chapter.

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THORNTON'S POCKET MEDICAL FORMULARY (heretofore known as The Medical News Pocket Formulary) new (7th) edition, revised to accord with the new U. S. Pharmacopœia, containing more than 2,000 prescriptions for their use. In one leather bound volume. Price, \$1.50 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1906.

The changes in the new Pharmacopœia were many and important. Some medical preparations were nearly doubled in strength and their doses increased. Hence the new edition of Dr. Thornton's Formulary, revised not only to include all the newer drugs but also to accord with the new Pharmacopœia, appears most timely and its importance is obvious.

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In view of the results attained from the course given in physiological chemistry in his university, as well as the experience of others, the author is firmly convinced of the superiority of the laboratory method of instruction over the didactic, believing that it is

only by practical work that the student can become familiar with the physiological changes in progress in the animal body and their products. This book has been prepared with the aim of imparting accurate knowledge through the student's own observation. It has seemed advisable to include with the directions for experimental work a brief explanation of the facts observed, so as to call attention to their meaning; or, at times, to state others which are important, but which could not well be demonstrated in such a course as this. Some acquaintances with general chemistry and with chemical manipulation is presupposed.

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KOPLIK ON DISEASES OF CHILDREN. A Treatise on the Diseases of Infancy and Childhood. For Students and Physicians. By Henry Koplik, M. D., Pediatricist to Mt. Sinai Hospital. Ex-President American Pediatric Society, etc., New York. New (2d) edition. Revised and enlarged in text and illustrations. Octavo, 868 pages, 184 engravings and 33 plates. Cloth, \$5.00; Leather, \$6.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

In its general plan the book represents an endeavor to reflect the best pediatric knowledge of the world. The author has infused into this edition a somewhat larger proportion of his own experience, derived from the exclusive study of this subject for the past twenty years, and extending over an ambulatory and hospital practice covering 250,000 children. This personal element will be most apparent in the chapter on Infant Feeding, a subject of paramount importance often of great difficulty, and one in which recent advances have been striking. The author has given the methods employed by him in hospital and private practice. The clinical character of the work has been preserved throughout, as the author has adhered to his purpose of furnishing a practical guide and textbook, serviceable alike for students and physicians. A number of new and characteristic engravings from original drawings have been added to the series in the first edition, and the text shows an increase of nearly 200 pages. In its first edition Dr. Koplik's work met with a warm welcome from practition-

ers, teachers and students and a demand which has quickly exhausted it. The new edition will prove still more satisfactory.

WILLIAMS ON FOOD. Food and Diet in Health and Disease. A Manual for Practitioners of Medicine, Students, Nurses and the Lay Reader. By Robert F. Williams, Professor of Principles and Practice of Medicine in the Medical College of Virginia, Richmond. In one handsome 12 mo. volume of 392 pages. Cloth, net, \$2.00. Lea Brothers & Co., Publishers, Philadelphia and New York, 1906.

That there exists to-day a need for a convenient, practical book on Foods and how they should be used, one that will give the facts concisely and clearly and without technicalities, is patent to every physician and every nurse, as well as to every family in which sickness has been an unwelcome visitor.

For practical use such a work may well omit all reference to the tedious scientific investigations by which chemists and physiologists have evolved the present day knowledge of diet. Results, facts and clear directions are what is wanted, and this is exactly what Dr. Williams' excellent work gives, in language so simple that a schoolboy could read it intelligently.

Doctors will welcome this book as one which they can recommend to their patients as a guide to the preparation and use of food in sickness and convalescence. For mothers the book will be especially valuable. Ignorance is always costly. This is particularly true in the feeding of growing children, in whom habitual errors of feeding frequently produce effects lasting through life as well as temporary illness.

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Part II (Food in Disease), deals with the variations from the normal diet which are necessitated by the more

common diseases, and included a section on the general methods to be observed in feeding the sick, as well as special directions for nourishment in the different diseases.

Dr. Williams has furnished a book which has been wanted and which is perfectly adapted to the needs of physicians, students, nurses and the laity. It is decidedly the best book of its kind that has so far appeared.

(*Annals of Surgery.*)

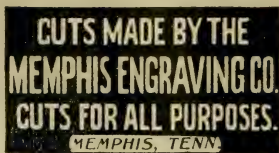
With the December number the *Annals of Surgery* completes its twenty-first year. It has long since become our leading surgical journal and the physician who wishes to keep abreast of the surgical progress of the times can scarcely afford not to take it. This number contains ten original articles

largely devoted to the surgery of the urinary bladder and prostate. A new feature has been added with this issue. Under the term of Surgical Progress appear abstracts from the leading foreign surgical journals. We predict a very successful new year for the publishers.

**THE PHYSICAL EXAMINATION OF INFANTS AND YOUNG CHILDREN.** By Theron Wendell Kilmer, M. D., Adjunct Attending Pediatricist to the Sydenham Hospital; Instructor in Pediatrics in the New York Polyclinic Medical School and Hospital, New York; Attending Physician to the Summer Home of St. Giles, Garden City, New York. Illustrated with 59 half-tone engravings. 12 mo., 86 pages. Bound in extra cloth. Price, 75 cents, net. F. A. Davis, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

The physical examination of infants and young children is a subject in which nearly all the text-books on pediatrics are deficient. The training of most physicians has been along the lines of the physical examination of the adult, and it is in the knowledge of the physical examination of children that the average practitioner is deficient. We must forget and unlearn all the things we ever knew about adults when we come to the examination of children; they are an entirely different proposition. The great secret in the treatment of disease is to first make a correct diagnosis.

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LECTURES ON TROPICAL DISEASES, being the Lane Lectures for 1905, delivered at Cooper Medical College, San Francisco, U. S. A., August, 1905. By Sir Patrick Manson, K. C. M. G., M. D., LL. D. (Aber.); F. R. C. P. (Lond.); F. R. S., Hon., D. Sc. (Oxon.) Medical Adviser to the Colonial Office; Lecturer London School of Tropical Medicine, St. George's Hospital Medical School, etc. W. T. Keener & Co., 90 Wabash Avenue, Chicago, 1905. Price, \$2.50 net.

Sir Patrick Manson is a recognized authority on tropical diseases. The subject of his lectures besides being extremely interesting are daily becoming of more and more importance to the physician in the United States and especially those in the South for with

our new relations with the Philippines and Cuba and especially with the opening up of the Panama Canal we will be called upon to treat many cases of tropical diseases. The book, which is well gotten up, contains ten lectures delivered by Dr. Manson at the Cooper Medical College, San Francisco, and about 230 pages. It is especially recommended to all who would be abreast with the times, for during the last few years tropical pathology has advanced probably at a greater rate than any other.

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vivacious, as frank and jolly as a college boy at a football game. He had the true Spaniard's enthusiasm for the bloody sport of the *corrida de toros*. It was easy to see why this big natural, enthusiastic boy should be popular. In fact, Alfonso has the first requisite of a king; he understands his people—sympathizes with them and likes them. He cares nothing for royal etiquette. In Madrid he goes about as freely and familiarly as any other citizen. The afternoon of which I write, as he rode home from the bull-fight, a student jumped on the carriage step and handed him a bunch of roses. 'Here, take these Don Alfonso.' And the king took them, smiling."

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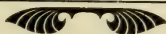
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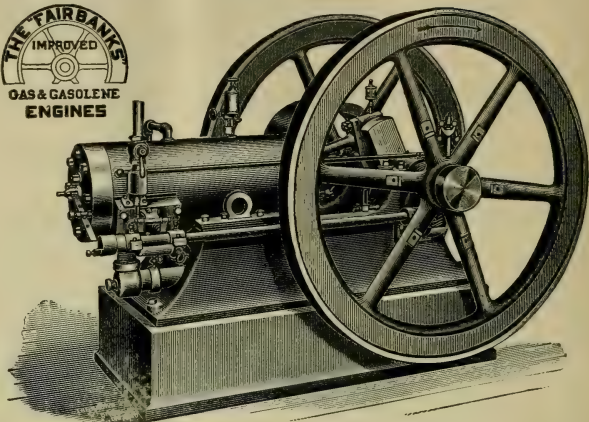
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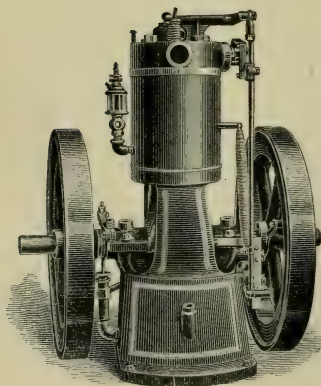
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## Catarrhal Diseases of the Naso-Pharynx.

(By H. M. Marsh, M. D., Auburn, Ky.)

As the season is now fast approaching when this class of diseases take up most of the physician's time, and is the cause of more suffering among more people than all other diseases combined, I wish to say something in regard to a simple and effective treatment of this class of diseases. In this climate, this is the commonest of all diseases, there being very few who do not suffer from it in some of its various forms. Chronic nasal catarrh is in most cases a result of repeated attacks of acute catarrh or "common colds." In this short article it is not necessary to go into details or take up time or space with causes and symp-

toms; everyone is familiar with them. My object here is to simply give my plan of treatment plain and simple, yet eminently successful. In the treatment of these cases every physician is well aware of the fact that cleanliness is in most cases all that is necessary for a cure. Every physician also knows that in order to have a perfect cleansing agent it must be both alkaline and antiseptic. My success in treating diseases of this kind, viz., acute and chronic nasal catarrh, including ozena, acute and chronic tonsillitis, pharyngitis, catarrhal deafness, etc., has been due almost entirely to the systematic and thorough cleansing of the mucous membrane with Glyco-Thymoline. I have been using this ideal alkaline antiseptic in my practice for years, and have never been disappointed in it.



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A reader, well versed in French, takes exception to my *le's* and *la's*, and calls attention to an error which he believes he has caught me taking with my genders when saying *Vive la Mariani!* which, by his interpretation, makes Mariani of the feminine gender. But nothing could have been further from my wish, for Mariani is of all

men an exceptional type of manhood, and fully entitled to be so engendered. In this expression of long life to Mariani, the individual was not intended, but the subject which he qualifies was in mind that is, Coca. For all the world knows that Mariani has made Coca synonymous with his name. Mariani, then, stands for Coca, and Coca means Mariani. The rest is with

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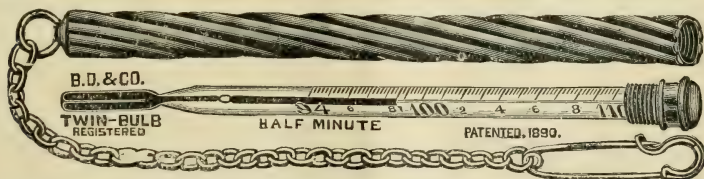
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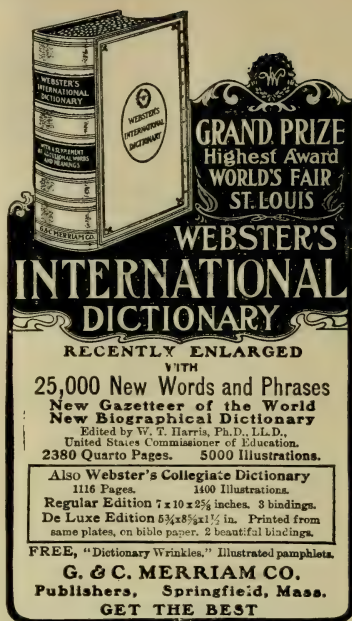
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## ORIGINAL COMMUNICATIONS.

### The Mongol.

(By W. T. Parrott, Kinston, N. C.)

In the great study of faces as a symptom nowhere is its clinical significance more marked and striking than in feeble minded children, and general expression and contour is one of the most important in differential diagnosis. It was Langdon Dowd who discovered that those children which we designate Mongolian Idiots favored some one of the ethnic group of mankind. A Caucasian child might resemble facially an Indian, some the Negro type, some of the Malayian and ten per cent. of the whole the Mongolian type; hence the name "Mongolian Idiot." Perhaps here might be wound a pretty Darwinian theory or the fancier would say a breeding back to pristine states. To

say the least some family resemblances can be noted in all of these. In my case which I have the honor to report nearly all book symptoms were present. It was the thirteenth child. Its development was slow, but amiable and good natured in disposition, face as you will note flat and eyes obliquely set, nose small, lips large and thick, with tongue nearly always out of mouth except when swallowing. The wrist and metacarpus are small, the little finger short and curved to the ring finger, all the fingers being thick and tapering. These children when older have a very keen sense of the ridiculous. I remember a boy who used to come to the G. O. Hospital, who one day, while his history was being written, slipped away the stethoscope and mimicked the doctor in auscultating the chests or other children. Quite amiable he was

though in his manner and expression stubbornness was marked, and so far as I have been able to learn this is a constant symptom.

#### THE CRETIN.

Two kinds are recognized, Sporadic and Endemic, the latter occurring in the Alps and Pyrennees, but as my Lillipution experience is confined only to sporadic cretinism I shall only speak of this. There is no well defined clinical difference, however, except that the thyroid instead of being enlarged is often atrophied. Cretinism is hardly to be recognized before the sixth or eighth month and sometimes later, although if one is on he alert it could be done earlier as it is also congenital. The Mongol is readily recognized at birth. The general appearance of the Cretin can be stated as follows: One is at once struck with its stunted appearance. The face heavy looking, broad and flat, head brachio-cephalic and limbs smaller and not proportionate to head and trunk. Cat eyes (widely separated) and nose broad with tapering nostrils. Teeth always showing, with lips thick and coarse. The tongue protrudes and salivation is copious. The skin is dry and scalp thickly covered with an oily hair which is brittle. The whole picture is so characteristic that when once seen one feels that he can hardly miss it again. Constipation is a constant symptom with cretins, though the urine is copious. Often no skin action is perceptible and sweating is diminished. The temperature is nearly always subnormal. Blood examination reveals nothing abnormal except low percentage of haemoglobin. Cretins vary considerably in a mental way. Some often learn to do simple work, although in others even this is impossible and com-

plete idiocy is the case. The general movement of a Cretin is slow, his vocabulary limited to words of few syllables. His senses of sight and hearing are not usually impaired and his sense of taste is very selective and his attendant tells me he is appreciative of special dishes. As regards differential diagnosis this is apparent in most instances, though in very early infancy this is impossible for achondroplasia and Mongolian Idiocy must be excluded. In the Cretin there is from birth the characteristic short, broad hand with square fingers. The Mongol always shows you a tapering hand, though the fingers are thick, the little finger is short and curved inward. The wrist and metacarpus is small. Achondroplasia is characterized by a divergence of the index and middle fingers.

As practitioners we should be most careful to differentiate those conditions for since the uses of thyroid we can promise much in the way of treatment to the Cretin. Nothing need be attempted for the Mongol. And the earlier the Cretin is put under treatment the better the results obtained. Then there is urgent need for early diagnosis. A minim dose of thyroid is begun at first (1-2 grain three times a day) the effect noted and gradually increased to five grains thrice daily. Hutchinson has introduced a thyrocolloid extract which is said to be superior in a number of ways to the dry thyroid, but with this I have had no experience. The dry extract has, however, given me thorough satisfaction, both in this and myxoedema, and I have never had any desire to look for anything better. The earlier the Cretin is seen and recognized and the thyroid extract inaugurated, the better the results ob-

tained, and in fact it might be said (in favorable cases) a cure obtained. The first results of thyroid are noted in a general constitutional increase. It stimulates metabolism. Elder and Fowler reports an increase in height of 5 and 3-4 inches. The patient is responsive in a mental way becoming brighter and more active, the fontanelles close and the teeth appear. The troublesome constipation is relieved and digestion is improved. The characteristic sub-normal temperature is made normal with an increase in the pulse rate.

#### FREIDRICKS DISEASE.

As the term Freidricks Disease is often applied to paramyoclonus mutiplex I desire to call your attention to a disease of the posterior and lateral columns characterized clinically by ataxia and paraplegia and sometimes called, though incorrectly, Hereditary Ataxia. Sometimes it is even congenital, but not always can any hereditary influence be traced in its history as in my two cases here reported. No possible etiology can be proven. And it is slightly more common in males than in females. I shall not enter into its morbid anatomy except to state that some title representing more accurately its pathological lesion and embodying tersely its clinical aspects should be found. Freidricks Disease is confusing, and Hereditary Ataxia is untrue.

#### SYMPTOMS.

Like Locomotor Ataxia it begins in the legs, but is a drunken sway. The ataxia becomes more marked as we observe its progress. Premonitory pain in walking, some stamping is observed as the foot is raised too high, but this is less noticeable than in true Locomotor Ataxia. Jerky movements are

present in the arms choreiform in character. Children easily show a tendency to fall. Nystagmus is present in nearly all late and most early cases. Atrophy of the optic nerve is rare though usually present in tabes. In late cases a scanning speech is common. Knee jerk is absent early in the disease and does not return though it is exaggerated in ataxic paraplegia. Rarely is there total paralysis, but this may occur. Talipes equino-valgus or equinovarus may be present and the patient walks on outer edge of foot, the spine curves latterly.

#### DIAGNOSIS.

In its incipency the disease may be confused with chorea, but a careful observation will differentiate. The spinal curvature, extended big toe, lost knee jerk, nystagmus and scanning voice are characteristic and thoroughly diagnostic from all other diseases. From ataxia paraplegia and presence in several members of same family and exaggerated knee jerk differentiate. Prognosis in all cases is bad as to recovery though the disease endures many years.

#### TREATMENT.

Nil except that directed to overcoming deformity.

Case 1—Walter C., age 12 years, weight 56 1-2 pounds. Trouble began by staggering, Scoliosis slight and to the right side. Has had very little use of legs for four years. Family history Mother married at 17, no relation to husband. No history of paralysis in any form can be found after careful inquiry and no hereditary lesion or history can be obtained. Patient crawls on knees, great toe extended, slight nystagmus and entire absense of knee jerk.



Case 2—Craven C., brother of Walter C. (age 14) weight 81. Trouble began practically in same way as brother. There is little, if any, nystagmus, though lost knee jerk, ataxia and paraplegia. He has been unable to work for 6 years.

(Cases seen first on Aug. 9th, 1905.)

### Suprapubic Cystotomy—A Study,

(By James M. Parrott, M. D., Kinston, N. C.)

Read by invitation before, and ordered printed and recorded on the societies' minutes by the Onslow County Medical Society, Feb. 21, 1906.

In the spring of 1897 I was consulted by Dr. S., then 58. Fifteen years prior to that time he began to suffer from a traumatic stricture of the deep urethra. When first seen he was much emaciated and presented the usual symptoms of urethral stricture of the most aggravated type; was scarcely able to urinate, even drop by drop. After careful treatment by dilatation the stricture was somewhat relieved. The vesical symptoms of which he complained a great deal continued and I diagnosed cystitis. My notes of that time say, "When seen he presented well marked symptoms of vesical calculus, though the stricture was too tight to permit a confirmation of the stone diagnosis with a bougie or stone searcher." Altogether he was a very bad subject for operation. He was a physician. He held to the stone in the bladder diagnosis and insisted on the operative procedure. Under ordinary circumstances I would have done a suprapubic cystotomy, but because of the existing stricture I determined to kill two birds with one stone

by going in through the perineum, viz. relieve the stricture and remove the stones or drain the bladder as the case might be. The usual preliminary and immediate preparations were made, the stricture out and the bladder entered by the lateral method. Two large stones were then found free in the bladder. The incision could not be enlarged sufficiently to remove the stones and immediately I did a suprapubic cystotomy in the usual way. The two large stones were removed and then a third one was found embedded in the posterior bladder wall. The bladder was anchored to the abdominal walls and a large tube introduced for drainage. The perineal opening was treated by leaving in a large catheter for two or three days and then permitted to close. On the sixth day a violent hemorrhage began. This continued more or less freely, intermittently, for two days. It was finally checked by through and through hot water irrigations. After this he made a uneventful recovery. In March, 1902, he again appeared at my office presenting the usual symptoms of stone in the bladder and after due preparation I did the second suprapubic operation. The bladder was drained by tube for only 48 hours that time. Within one week urine discontinued leaking through the wound and in a few days he was well. Three weeks ago I did the third suprapubic cystotomy on this individual and removed the fifth stone. On the fifth day he was up, and on the seventh, out visiting.

This to me has been a most interesting case, and is worthy of close study. It presents for consideration six points of interest. First, he is and always has been a man of good habits.

His personal history is negative, especially as to renal colic or any manifestation of lithemia. While he has always lived an active out-door life yet his exposure has been nil. His figure is spare and aside from this vesical trouble and traumatisms his health has always been very good. Second, the indications calling for the operations were three in number; stricture, which demanded a perineal section, a very violent and infective cystitis due in a large measure to dirty bougies, and the stones. The perineal section was done at the first because of the stricture. It has never been a very popular operation with me and I had a splendid opportunity in this case to study the two together.

This leads me to consider the third point of interest, viz: That suprapubic cystotomy in the majority of instances is decidedly preferable to perineal section. When a case presents itself in which the bladder should be opened the first question which naturally presents itself is which operation is indicated? The answer must be made in accordance with the conditions presented in a given case. Suprapubic cystotomy is unquestionably the preferable operation for foreign bodies, tumors, and chronic cystitis, but is it better all things considered than the low operation for stone in the bladder? I believe it is. The oldest statistics on this subject gave a decided preference to the perineal section. Let us weigh them however. Thompson's are not to be considered because of their antiquity; Barling's statistics, while more recent covering the years from 1888 to 1892, are not entirely satisfactory because of improvements in the *modus operandi* of the suprapubic section

since that time. Hunter McGuire's experience was decidedly in favor of the high operation. White's statistics are more favorable to the perineal method though less so than the older tables. I believe that a compilation covering the years from 1898 to 1906 would be decidedly favorable to suprapubic section. There are certain unforeseen conditions which may arise during and after the operation which give the high method a very great advantage. When hemorrhage occurs after the operation as it did on the sixth day in the case reported, it can be easier controlled than it could possibly be should it occur after the perineal section.

It is true that often one can form approximately a correct idea of the size of prostrate by rectal palpation, etc. Still in concentric prostatic hypertrophy this preoperative idea is crude. Hence in these cases the advantage is decidedly in favor of suprapubic method. Should the stone prove a large one (and who can measure its size before going into the bladder) as in the case under study, the surgeon then in that event would be forced to go above the pubes or else crush the stone, and thus add a litholopaxy to the perineal section. Obviously this is undesirable, particularly to the general surgeon operating at the home of the patient. By perineal section it is possible to overlook an imbedded stone even after careful digital exploration. This occurred in my case, but fortunately I discovered it after opening the bladder above. I remember doing a suprapubic cystotomy in a very old man for acute retention of the urine from prostatic enlargement with splendid success and entire personal satisfaction. I could not introduce a cathe-

ter even under anesthesia and I preferred the high operation to tapping the bladder.

Bryant says, "The method (suprapubic) permits of a complete inspection of the bladder, obviates all danger of injury of the structures of the neck of the organ and establishes a wound in a favorable sight for cleanliness." He further says: "Irrespective of the forgoing (statistics quoted by him) results it should not be overlooked that one is likely to succeed best—other things being equal in the use of the method of practice with which he is most familiar." In the case under consideration it succeeded after perineal section failed, it met every indication. The stones proved too large for the lower operation and by suprapubic section they were removed. The violent cystitis which unquestionably developed independent of the stones and from outside infection could have been managed better by the higher operation. The hemorrhage to which reference has been made could not have been so well controlled by and through the perineal section as by and through the high opening.

The fourth point of interest is the operative method pursued. The perineal section was the classical lateral operation and needs no comment. The first suprapubic section was strictly according to the rules. When entering the space of Retzius the peritoneum was found in its normal position, but just below it lay the prevesical plexus of veins very much more enlarged than usual. I wish to pause here and say that of course there is always a decided congestion of these veins after introducing the rectal bag and the dilatation of the same. They should be

very carefully pushed aside or up with the peritoneum, preferably the former. Should veins be torn they should be ligated. Though this is not absolutely necessary since the hemorrhage practically always stopped after removing the rectal bag. Please permit me to say just here that rectal dilatation is not at all necessary, and is really to be condemned as entirely unnecessary in children. It is to be remembered that the peritonovesical fold of the peritoneum is much higher as is also the bladder in children, hence with the little one the abdominal incision should be higher than in adults. With the first operation on the patient under discussion I used the rectal bag, and dilated the bladder with eight or ten ounces of boric acid solution. I see no real necessity for the Trendelenburg position, however it is of some assistance. After the first and in the second and third operation I simply dilated the bladder and did not inflate the rectum.

Strange to say I found but few adhesions in the space of Retzius at the second operation, but the bladder was found united to the abdominal walls at the third seance. So that while the second was a typical suprapubic cystotomy the third was not more difficult than opening an abscess.

I am very sure that the bladder should be dilated before administering the anesthetic. The capacity of bladders varies very much and even so small an amount as four ounces of water has been known to rupture the adult organ. While eight or ten ounces is the amount usually required for sufficient dilatation I always stop for undue resistance regardless of the amount already injected. Do not dilate

a diseased rectum. The fifth and most interesting complication in this case was and is the recurrence of the stones. Did the urethral stricture contribute to the stone formation in the original instance and has its contributory influence been felt in the production of the subsequent stones? Decidedly yes. Given a possible tendency to stone formation (which is not apparent in this case) and an urethral stricture will prove a powerful contributory factor. The stricture may produce an actual dilatation of the entire bladder wall or some section of the same. In this way it may add largely to the amount of residual urine. The bladder of this patient presents a strikingly large pouch or cul-de-sac in its lower and posterior wall. In this a large quantity of urine remains at all times since it can not be entirely emptied and here the stones constantly reform. The bladder was explored by the finger and carefully irrigated many times after each operation and the writer is very positive that no stone remained. I predict the formation of another calculus in a year or two for the reasons just mentioned. Would it be better to try to relieve this by operative procedure or run the risk of another stone? I am of the opinion that the latter is preferable.

The last complication to which I desire to call your attention was the hemorrhage on the sixth and seventh days after the first operation. A stone deeply imbedded in the posterior wall was removed at the first operation and necessarily a raw surface remained. I left the drainage tube in for some time and it was in situ when hemorrhage occurred. It is my present opinion that the tube by friction produced

an ulceration of the mucus membrane, perhaps, and more than likely at the site from which the imbedded stone was removed. There is really no necessity for leaving a tube in the bladder longer than 48 hours, unless there be an infective cystitis and then in that case an olive pointed tube or Senn's syphonage tube should be used. Perhaps I should say in conclusion that I instigated recognized constitutional treatment as a prophylactic in this case without apparent results.

#### **Diagnostic Significance of Shock Associated with Abdominal Pain.**

(G. Paul LaRoque, M. D., Richmond, Va., Lecturer and Bedside Instructor in Surgery, University College of Medicine; Formerly Instructor in Surgery, University of Pennsylvania and Woman's Medical College of Philadelphia; Assistant Surgeon Philadelphia Hospital; Anæsthetizer, Chief Resident Physician and Clinical Assistant Hospital of University of Pennsylvania, etc.)

Of cardinal importance in the treatment of affections characterized by abdominal pain, it is essential to recognize during the earliest moments of their existence, the phenomena of shock colic and peritonitis, and to differentiate between their numerous causative affections.

The phenomena of surgical shock imply invariably a condition of pathologic vital depression, incident generally to insufficient circulatory resistance, due either to actual loss of fluid from the general vascular area (direct cause) or to accumulation of blood in the enormous area furnished by the intra abdominal vessels dilated as a result of vaso-motor paresis, of reflex origin.

The clinical phenomena of such a state are distinctive and must be recog-



nized early, and in their mildest degree.

Such patients tend to assume instinctively the flat dorsal decubitus with the head at least horizontal with the body, often lowered; a natural attempt to overcome cerebral anaemia.

Great muscular and nervous weakness is shown by muscular flaccidity, with diminished nervous irritability and sensibility to pain. If the latter is not too severe, it may elicit little complaint. There may be marked apathy.

Pallor of the skin and mucous membranes results from abstraction of blood to the dilated intra-abdominal vessels.

Relatively shallow respirations with corresponding diminution of diaphragmatic movement is caused by paresis of this structure.

Dilated slowly responsive or fixed pupils; a direct result of nervous depression, is generally present and when forming a part of the symptom complex is of diagnostic value.

Acceleration, diminished volume, force and tension of the pulse, is caused by diminished resistance in the circulation.

Diminished bodily temperature represents the result of a combination of the above causes.

Somewhat later or earlier in the severest grades of collapse the mentality becomes blurred. Apathy and finally unconsciousness supervenes; urine excretion is diminished or absent, the pulse and respiration become imperceptible, temperature subnormal, pupils dilated, slowly responsive or fixed, and death occurs rapidly.

The occurrence of shock in conditions associated with fever may not cause a subnormal temperature nor

even a reduction to normal; but there is always some drop and with this a rise in pulse rate which is of diagnostic value. The primary drop in temperature may be followed by a rise.

The pale skin is commonly moist and clammy, except in the presence of high fever or the tissue dehydration incident to watery discharges.

Vomiting generally occurs, but its association with so many other conditions not related to shock, diminishes its significance.

Thirst is inconspicuous or absent, unless the depression is caused by or associated with depletion incident to hemorrhage or profuse watery discharges.

The earliest signs of reaction from shock are increased volume and force with diminished frequency of the pulse and a return to the condition existing before the shock was produced. Often vomiting occurs especially if the stomach contains food undigested as a result of the depression and therefore irritating. Such reaction may become excessive. The signs of reaction are valuable for retrospective diagnosis.

The degree of severity of shock in an individual case is greatly dependent upon the temperament, the nervous stability and organization of the individual, the nature, severity and duration of the cause, the location and character of tissues involved and the general systemic condition, especially circulatory endurance.

It is intensified in individuals of extreme youth, neurotic temperament; by suddenly acting causes, in highly specialized tissues with an abundant sensitive and sympathetic nerve supply. Such inherent systemic conditions as advanced age, acute exhausting dis-

eases, delirium tremens, malnutrition, marked cachexia, the circulatory incompetence incident to cardio-vascular fibrosis, fatty infiltration or chronic valvular disease, and the coincident occurrence of frank hemorrhage, add greatly to the intensity, duration and gravity of shock, even when the cause is apparently trivial and readily remedied.

It is under circumstances opposite to these that the slight degrees of shock are produced. In healthy, robust, phlegmatic, young adults with powerful nervous and circulatory endurance there may be only slight acceleration and diminished volume of the pulse, with a trivial, perhaps transient drop of bodily temperature, associated it may be with a tendency to become nauseated and weak upon raising the head and shoulders, or to vomit as reaction begins.

The interpretation of such phenomena is often of essential importance in the differential diagnosis between the numerous affections characterized by abdominal pain.

True shock must not be confounded with temporary syncope (the familiar phenomena of fainting) incident to cardiac inhibition by sudden profound emotion, mild traumatism, severe pain, the sight of horrible accidents, and in certain individuals, the sight of blood; nor with the rapid pulse, pallor, leaky skin and mild systemic prostration accompanying nausea and the act of vomiting. Such syncope, while often severe, and which in many individuals suffering with cardiac weakness, has produced death; is always transient, subsiding, either spontaneously upon cessation of the exciting cause, or yielding rapidly to such simple remedies of the

exciting cause, or yielding rapidly to such simple remedies as the recumbent posture, a free supply of fresh air, a drink of cold water, the inhalation of aromatic vapors, etc.

The vital depression (collapse) resulting from loss of large quantities of fluid incident to hemorrhage, profuse watery diarrhea, pernicious vomiting and more rarely excessive sweating, may also be distinguished by its less sudden onset, as a distinctly secondary result, and by its progressive intensity until the exciting cause has ceased to act. The effects of such causes, except in cases of sudden profuse hemorrhage, are cumulative. There is generally thirst. Restlessness, or at least absence of apathy, is noted when due to hemorrhage.

In many cases the causes of syncope, shock and hemorrhage occur synchronously and the phenomena of each exist together or follow each other in rapid succession.

Fat embolism also a cause of collapse, must be distinguished from the true shock incident to reflex vasomotor paresis, particularly in cases suffering a fracture coincidently with lesions characterized by abdominal pain. Aside from the later appearance of embolism (2 to 5 days) there are in addition to profound prostration, marked cyanosis with pulmonary oedema. Fat globules in the urine (rarely found) are diagnostic.

Acute alcoholism with unconsciousness must not be confounded with true shock. In this the face is generally flushed, pulse full and the breathing stertorous. Alcoholics are, as a rule, easily and profoundly shocked. Combined alcoholism and true shock are common, particularly after injuries.

The history and odor of alcohol may be useful.

In certain affections as a result of coincident toxæmia, the pain may be accompanied by depression even to the degree of profound collapse; such depression, however, is not that of reflex vasomotor paresis, but is a result of circulatory and nervous depression of toxic origin. In this group are included: Severe dysentery, cholera, typhoid fever, small pox, influenza, measles, uræmia, alcoholism, diabetes, Addison's disease, acute yellow atrophy of the liver.

In cases of acute poisoning by ptomaines, leukomaines, lead, arsenic, antimony, phosphorous, mercury, copper and carbolic acid, the diffuse violent inflammation adds cause for depression. Such collapse is coincident with the onset of pain, progressive, out of proportion to the pain and in many cases associated with such nervous symptoms as coma, convulsions, delirium and unconsciousness, leading to speedy death.

The depression incident to profound septicaemia non peritoneal in origin, and to sapraemia due to absorption of putrefactive products, in cases of low, slowly occurring intestinal obstruction, is also of toxic central origin. Such depression appears later than the pain, is progressive and when chronic is associated with cachexia.

If suppurative peritonitis (local or general) or acute obstruction high in the intestinal canal be the cause, the collapse is of double origin; irritation of sympathetic nerve plexuses, cause vasomotor paresis, while cardiac and nervous depression are central and toxic in origin. Such shock is profound and occurs early.

There are few instances of undoubt-

ed *deferred or delayed shock* in association with severe abdominal pain. In certain cases profound depression may be deferred as a result of marvelous self control. In certain individuals the shocking effect of traumatism may be rendered trivial and apparently deferred, by the inhibition incident of intense rage, the excitement of battle, heroic spirit in the performance of duty, anxiety and other mental states. It is noted in soldiers, firemen and other rescuers during the performance of duty, and in parents and others in a state of intense anxiety for the welfare of their loved ones. Often the pain may be equally ignored, and in many cases restlessness incident to mental excitement is conspicuous. In these cases the significance of even the mildest degrees of trivial, perhaps transitory shock, must be interpreted.

The profound vital depression amounting often to collapse, occurring sometime after the institution of the cause, and known as *secondary shock*, is noted in just this type of cases. The temporary exhilaration represents perhaps an attempt at reaction, while the secondary depression betokens a sudden breakdown of vital functions, incident to continued action of the exciting cause, together with the subsidence of passionate mental excitement, and often the superaddition of haunting memories of the scene and other psychic factors which of themselves are depressing. Peritonitis, with or without injury of abdominal viscera, is in many cases an additional cause of secondary vital depression.

A careful estimate of the severity of shock is often of value in determining the location and nature of its exciting cause. Of the affections characterized by agonizing abdominal pain; the

severest degree of vital depression results from lesions of the upper gastro intestinal tract, including the stomach, duodenum and remaining portion of the small intestine, pancreas, omentum, peritoneum and other highly organized structures in intimate anatomic and physiologic relation to the solar plexus; affections involving the diaphragm, heart and pericardium; the testicle and ovary; and sudden, severe spinal cord lesions.

Comparatively little disturbance is produced by non perforative lesions of the large bowel; diseases of the generative organs other than the testicle and ovary; and by non traumatic lesions of the kidneys liver and spleen.

Suddenly acting causes such as severe traumatism, sudden complete rupture or perforation of an internal structure, violent hemorrhage, acute pancreatitis, sudden complete blocking of the ureter, biliary passages, or the pancreatic duct; mesenteric embolism, sudden strangulation by constriction of gut, omentum, or an ovarian cyst or testicle by torsion of its pedicle, are always more intensely shocking than the same lesions when slowly produced.

The moderate, insidious, often trivial depression, resulting from gradual incomplete ulceration through the wall of the stomach or bowel, the gradual oozing of blood into the stomach or intestine, incomplete strangulation of a knuckle of gut or omentum, partial blocking of the urinary and biliary passages, slight twisting of the pedicle of an ovarian cyst, or of the spermatic cord, or even the slow incomplete rupture of an ectopic gestation sac into the tissue of the broad ligament, must not be overlooked. The *duration of shock* is of diagnostic significance par-

ticularly with reference to the nature of the exciting cause.

The transient, though often marked depression incident to mild grades of traumatism, when unaccompanied by hemorrhage, is generally of short duration save in the aged and in those suffering with circulatory incompetency.

The shock of renal or ureteral colic is generally commensurate in intensity with the severity of the pain and disappears with the latter. The same is true of ordinary biliary colic incident to transient uncomplicated obstruction, the visceral crises of locomotor ataxia and gout, and of the systemic depression resulting from the agonizing paroxysmal pain of intestinal colic incident to the irritation of undigested, unsuitable food material, and of animal parasites.

When, however, in addition to the pain there are associated colliquative diarrhea, as in tuberculous, typhoidal and other varieties of enteritis, or if to the exhausting diarrhea there be added pernicious vomiting of copious quantities of watery material, and perhaps the cerebral and circulatory depressing effect of toxic material, incident to acute yellow atrophy of the liver and ptomaine poisoning; the depression is profound, progressive, and unless the cause is promptly removed and supportive measures promptly and judiciously applied, may proceed to speedy and fatal collapse.

In any given case, a progressive even slight, hurrying and weakening of the pulse, with or without persistent lowering of body temperature, is indicative either of persistence of the exciting cause, the superaddition of such complicating conditions as loss of blood, gangrene of strangulated structures, or peritoneal infection. In hemorrhage



and gangrene the pain may entirely subside; in peritonitis it generally persists until profound collapse ensues.

### Acetozone as an Intestinal Anticeptic.

(By S. Edward Sanderson, M. D., Detroit, Mich.

In the course of a series of experiments, begun in 1904, to study the value of intestinal antiseptics, so-called, I made some valuable tests of Acetozone.\* These tests covered:

I. The harmlessness of the drug to the tissues of the organism.

II. The action of the drug in inhibiting the growth of bacteria within the intestinal canal.

I. To determine the harmless nature of the drug the following tests were made:

(1) The full-strength, fully hydrolyzed solution was injected subcutaneously many times, with no ill effect.

(2) The solution was injected into the peritoneal cavity with no ill effect.

(3) The solution was used to flush the peritoneal cavity with no ill effect.

(4) The eye of the rabbit and the eye of the dog gave no evidence of irritation after being "scrubbed" with a compress wet with the saturated solution.

(5) Intravenous injections gave no untoward symptoms.

(6) Under an anesthetic the heart of the rabbit was exposed and the solution injected into the cavity of the organ, which was replaced. Animals lived and gave no evidence of ill effect.

(7) When the mucous membrane of the stomach or intestine of the living animal was exposed, the powdered Acetozone freely dusted thereon pro-

duced only a stimulation of mucous secretion. The solution produced the same result to a less marked degree.

(8) Large doses (30, 50, 60 grs. at one time) given to dogs in capsules produced no evidence of irritation to the stomach.

(9) The solution, neither *freshly prepared* nor *fully hydrolyzed*, given to dogs in large quantities (one pint) produced no evidence of irritation to the stomach.

II. In testing the action of Acetozone upon the intestinal bacteria, the drug was used (1) in solution and (2) in powder form. After the dog had been given his full dose, extending over several days, the intestine was opened under proper surgical conditions and cultures were taken from the lumen of the gut. The results obtained show that, administered in any form, the drug has a strong inhibitory action upon intestinal bacteria. In several cases the results showed a practically sterile bowel.

Clinically the drug bears out these experimental findings. In my series of tests the animals were kept in ordinary surroundings, housed in box stalls, the floors being covered with straw and litter for days. No medication was given or precautions taken to enhance the action of the drug except to withhold food in some cases. Clinically I believe we can enhance the action of the drug by employing the following procedures, any or all of which may be adopted as indicated in any individual case.

(1) Empty the bowels by free catharsis.

(2) Keep the food down to the very lowest limit. Omit all food if possible except broths and juices, allowing copious quantities of sterile wa-

\*Reported in a paper before the Michigan State Medical Society at its annual meeting in 1905, being published in full in *Journal Michigan State Medical Society*, December, 1905.

ter, both hot and cold. Some liquid stimulants well diluted may be added as tea, coffee, brandy, etc.

(3) Irrigate the stomach with solution of Acetozone.

(4) Give high rectal irrigation with the same.

(5) Administer Acetozone in capsules, in a aqueous solution or in suspension in neutral oil in capsules. Give as large doses as the patient will take without discomfort. The dose should be given at intervals during the 24 hours. When food is not withheld the drug should never be given within one hour before or two hours after the food.

Such measures are indicated in intestinal disorders, auto-intoxication, typhoid fever, etc., as well where surgical work upon the stomach, intestine or rectum is anticipated. We can not expect the full effect in less than 3 days, 4 days or longer; where possible a much more extended time should be taken.

A word in digression as to its value in the field of surgery where the drug has a wide range of usefulness, employed principally in hydrolized solution, full strength or diluted with normal salt solution. I find it useful in flushing the conjunctiva; as a gargle for the throat and mouth; as a preparatory disinfectant for the field of operation, using it as saturated compresses; to irrigate the gall bladder, the urinary bladder, the peritoneal cavity, the uterine cavity, \*or any field of operation; to irrigate the urethra, the rectum. In fact, because of its strong antiseptic action and non-irritating nature to the tissues it is an ideal antiseptic solution for almost all uses.

One word in caution: The surgeon

or physician using the *solution* of the drug should see to its preparation himself. In some of our hospitals a large supply is made up and kept in stock. This becomes worthless oftentimes because it is kept too long. The solution should be at least 12 hours old. If kept for a longer time it should be stored in a place in which the temperature is much lower than that of an ordinary room. If any doubt of its activity be entertained the solution should be discarded and a fresh supply prepared.

### Iritis—Acute Glaucoma.

(By W. H. Wakefield, M. D., Charlotte, N. C.)

Mr. President and Fellows of Chatham Medical Society:

It gives me pleasure to meet with you to-day, and I feel honored on being invited by your secretary, Dr. McLeod, to read a paper before this scientific body.

I have chosen as the title of my paper "Iritis and Acute Glaucoma," two diseases of the eye that are certain to result in disaster unless promptly recognized and properly treated.

The iris and the ciliary body (the latter is the focussing muscle) form a continuous whole, inasmuch as the iris springs from the ciliary body and both have the same blood supply, hence it is easy to understand that disease of one readily affects the other, and in many cases we have to do with a combination of diseases conditions in both.

#### SYMPTOMS OF IRITIS.

The Symptoms of Iritis are partly due to the hyperaemia of the Iris and partly to the formation of exudates.

The hyperaemia manifests itself by a discoloration of the iris—a blue or gray iris, appears greenish; in dark

\*See p. 606, *American Medicine*, Oct. 7, 1905.

Read before Chatham County Medical Society at Sanford, Wednesday, March 8.

eyes the change is less marked but the iris assumes a muddy, dingy hue. The other changes concern the pupil, which is contracted and does not react to light as well as usual. The contracted pupil is the result of increased fullness of the vessels of the iris and of the spasm of the sphincter produced by the irritation.

There is also photophobia and an increase of the lachrymal secretion as well as a congested condition of the conjunctiva. There is likewise present a congested condition of the deep lying vessels around the cornea, producing the peri-corneal congestion which always accompanies inflammatory conditions of the iris.

The symptoms of congestion just described may exist without symptoms of exudation. This is frequently the case in small ulcers or foreign bodies in the cornea and may disappear without leaving any lasting traces of its presence.

If the hyperaemic conditions continue they are followed by exudation within the tissue of the iris itself and partly into the anterior and posterior chambers, this latter causing a turbid conditions of the aqueous and gives the pupil a grayish appearance. These floating constituents in the aqueous gradually sink to the bottom of the chamber where they form a hypopyon.

The exudate poured out from the posterior surface of the iris causes adhesion between the iris and the portion of the lense on which it lies in contact, viz., at the pupil, and this exudate not infrequently spreads over the lense surface in the pupil and becoming organized looks like a coat of brown varnish and permanently impairs vision. While all this has been going on the patient

has been bitterly complaining of the pain and photophobia.

#### CAUSES.

Iritis is either primary or secondary in its development. In the first case, the original site of the disease is in the iris itself; in the second case, there is an affection of the neighboring parts which has been transmitted to the iris, as for instance, in ulcer or abscess of the cornea.

The following classification from Fuchs seems to me to be correct.

Primary Iritis.	Iritis in consequence of general diseases.	1. Syphilis.
		2. Scrofula.
		3. Rheumatism.
		4. Tuberculosis.
		5. Gonorrhoea.
		6. Acute Infectious Diseases.
		7. Diabetic.
		1. Idiopathic.
		2. Traumatic.
		3. Sympathetic.

#### SECONDARY IRITIS.

Syphilis is by far the most frequent cause of iritis, but in each case coming under our observation the history of the case should receive careful attention in order to correctly diagnose the cause of the trouble so that we may apply the correct treatment.

In every case of iritis we must combat the local symptoms and endeavor to remove their causes.

Atropine Sulphate is the needed remedy in iritis as it dilates the iris thus reducing the amount of blood in its vessels and directly counteracts the hyperaemia. It also paralyses the ciliary muscle and thus puts the eye at rest, it also, and this is perhaps its most important action, dilates the pupil and thus prevents adhesions between the iris and the lense. If its use was de-

layed until adhesions had formed, an effort should be made to break up the adhesions. One drop of a solution of atropin sulph. 4 to 6 grs. to the oz. of water should be placed in the eye every three or four hours. Its action can be aided by using cocaine in the eye two or three minutes before using the atropin sol.; care must be exercised in using atropin not to produce symptoms of poisoning. I believe it to be good practice to use in connection with the atropin and cocaine a few drops of 1 to 2,000 or 1 to 4,000 solution of adrenalin as it reduces congestion and aids the absorption of the atropine. Hot compresses are of great utility in reducing pain, and the withdrawal of an oz. or two of blood from the temple sometimes acts like a charm.

Keep the secretions active and treat the underlying cause. If the cause be specific push anti-philitics; if rheumatism is the cause push anti-rheumatics and so on, always bearing in mind that the treatment of iritis without dilating the pupil *always* results in impaired function or loss of the eye.

We will now take up Glaucoma. My reason for discussing iritis and glaucoma in the one short paper lies in the fact that attacks of acute glaucoma are often mistaken for iritis and atropin used which is like trying to put out a fire with kerosene oil, and hastens the loss of the eye. The essence of glaucoma lies in the increase of the intra-ocular pressure. Glaucoma is a rather common disease and its accurate recognition is of the greatest importance since proper and prompt treatment can do much to save vision, while a false diagnosis and improper treatment may destroy everything.

Cases of inflammatory (acute) glau-

coma are often confounded with iritis and atropin used which makes matters worse, while cases of chronic glaucoma are often regarded as commencing cataract and the patients are told to "wait until the cataract is ripe" and the delay is fatal to vision.

In acute, inflammatory glaucoma before the acute attack there generally is a prodromal stage which is characterized by attacks of obstruction of vision. During these attacks the patient does not see well, he complains of seeing through a smoke and on looking at a lamp he sees a ring of light around it having the colors of the rainbow. If the physician should examine the eye during one of these attacks he will notice that the cornea is a little steamy, the anterior chamber is shallow and the pupil somewhat dilated. Frequently, too, the conjunctiva around the cornea is a little congested. These attacks last a few hours, when the eye quickly returns to its normal state as to function and appearance. The attacks, at first, come at pretty long intervals, often months or weeks between them, but they grow more frequent and the patient finds that he must employ stronger and stronger lenses for reading. After a time the acute attack is ushered in. The patient complains of a violent pain radiating from the eye along the first and second branches of the fifth nerve, it is frequently very severe and the vision rapidly fails.

It is in this stage that the disease may be mistaken for iritis and the fatal mistake of using atropin be made.

The pupil dilates in glaucoma and the only drug that offers any hope of relief is Eserine, which acts by contracting the pupil. Iridectomy is the treatment for glaucoma and should be performed as early as possible.



In making the differential diagnosis between iritis and glaucoma, consider the history of the case, notice the pupil which is contracted in iritis and dilated

in glaucoma, vision is more impaired earlier in glaucoma than in iritis and in glaucoma the tension is markedly increased.

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## ABSTRACTS.

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### **Suture of Heart Wounds.**

J. H. Gibbon, Philadelphia (Journal A. M. A., February 10), makes a third contribution to the subject of penetrating wounds of the heart, reporting his second case of suture of the heart and his first successful one. The patient, a healthy colored man, aged 38, had received a pen-knife wound in the right ventricle of the heart. Hemorrhage had been spontaneously controlled to some extent by pressure of the clot and liquid blood in the pericardium, and was readily controlled by digital compression during the operation, though the wound in the external surface of the heart was from half to three-fourths of an inch in length, and apparently half as extensive in the endocardium. The heart was held firmly against the pericardial opening with a traction suture of chromicized gut and four other sutures introduced with an intestinal needle closing the whole thickness of the wound in the heart wall. The patient was out of bed in two weeks, and was discharged in twenty days after the operation. At present he is well, and the heart action is normal. The pleura was uninjured, either by the wound or in the operation, no osteoplastic flap having been made, but merely excision of costal cartilage. In a future similar case Gibbon would not attempt to drain the pericardium. The external wound, however, he thinks should always be drained. Whenever there is suspicion of a wound of the heart an exploratory

operation should be made. Gibbon advises against any too vigorous stimulation when wound of the heart is suspected.

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### **Serious Head Injuries and the Indications for Operative Treatment.**

*Boston Medical and Surgical Journal.*

SACHS calls special attention to the following points in regard to head injuries:

(1) If there is extensive injury to the skull, particularly in the parieto-temporal region, whether it be fracture or fissure; if there is evidence of splintering of the inner table, or of the presence of a foreign body or of persisting intracranial hemorrhage, operative interference is warranted at the earliest possible moment. (X-ray examinations and lumbar puncture are valuable diagnostic aids.) (2) In comminuted fracture of the skull the surgeon must decide whether or not the danger of infection is increased by surgical procedures. Surgical technique and surgical methods should be developed to such a degree that the brain and skull will be handled with as much skill as are the abdominal viscera. (3) In all cases, but especially in those in which external injury can not be taken to be the determining factor, the question of surgical interference must be decided on purely neurological lines. (4) It is useless to continue the discussion of the differentiation between concussion, contusion and compression. It is much

more important to decide whether the brain has or has not been tangibly injured; and if injured, whether the site of the injury is on or near the surface; in short, whether it is accessible or not. If inaccessible, simple trephining may be resorted to provided there are symptoms of increasing intracranial pressure which can not be relieved by lumbar puncture or other simpler methods.

(5) Even if the injury is in an accessible region, it is best to adopt a conservative attitude and to determine whether we may trust to surgical skill rather than to the reparative powers of nature. Hemorrhages are often absorbed and many inflammatory processes recede more or less spontaneously. (6) In determining the gravity of brain injury, disturbances of cardiac and respiratory action, of vesical and rectal control and the condition of consciousness are the most important symptoms. They are the manifestations of increasing intracranial pressure and of other serious injury. Recovery from coma, however slight, after twenty-four, forty-eight or seventy-two hours, is encouraging; deepening coma is of grave significance. The behavior of the pupillary reflexes is of no special value in deciding the question of operative interference. (7) If the symptoms point to distinct focal lesion, although years may have elapsed since the initial injury, surgical measures must be adopted, providing only that the lesion be accessible. (8) If the external injury points to one site and the symptoms to another, consider both; attack the site of external injury first but try to reach the other as well.

#### Test Compulsory Vaccination.

The right of the State to enforce vaccination of school children is again to be testified in the courts of this State in

a case now being developed in Union County. The county superintendent of health, Dr. H. D. Stewart, Monroe, went to the school house to vaccinate Mr. H. G. Griffin and his pupils, as there had been cases of smallpox in the vicinity and a general vaccination had been ordered. Principal Morgan declined to be vaccinated himself or to allow the children to be, alleging that their parents had forbid its being done. At the trial the teacher held that as the parents had forbidden the vaccination, had he permitted its being done he would have been personally and legally liable to them for damages, while the health officer contended that he should not have resisted the order of the health board. The final decision (which was reserved until March 10), rests on the rules adopted by the county board of health, the code of North Carolina saying it is a misdemeanor to violate the laws as passed by a county board of health, or to obstruct its operation, but it seems the code has been the subject of revision and a copy of the revised code, which went into effect only a few days ago, was not in court, hence the reserving of the decision.—*Jour A. M. A.*

#### The Operative Treatment of Cleft Palate.

*Annals of Surgery.*

PECK reports eight cases of cleft palate he has operated upon. He reaches the following conclusions:

The operation as described is essentially the operation of Langenbeck, and is capable of closing the cleft, if properly carried out, in nearly if not quite all cases of cleft palate, either in children or adults. The easiest age to operate is from six to ten years, the best age probably from two to three

years if it can be demonstrated that the danger is not too great. The Rose position and the use of the Whitehead gag add greatly to the ease of exposure and control of hemorrhage. The bellies of levator and tensor palati with their insertions into the palatine aponeurosis, should be preserved; but the attachment of the aponeurosis to the posterior margin of hard palate must be divided, together with the mucous membrane on the nasal aspect of the velum. Complete relief of tension is essential, and division of the salpingo-palatine fold of mucous membrane is important to secure this. Suturing should be as carefully done as in any fine plastic operation, and with needles that are sufficiently delicate to avoid injury to the edges of the flaps. The after-treatment should be simple; no cleansing should be attempted on the palate or in the nasal fossæ; feeding by mouth should be commenced at the end of twenty-four hours. The use of the protective plate is of great value in older children and adults.

### **What is the Best Method of Treating Uterine Inertia?**

*Therapeutic Gazette.*

GRANDIN states that there is no method uniformly applicable in treating uterine inertia since the method selected must conform to meeting the casual factor of the inertia. In the first rank he places the prophylactic method—that is the woman need be so guided through pregnancy as to bring her to term with nerve centers at par. He finds strychnine of much service in the later months. Another cause is haste in the conduct of the third stage of labor. The distended bladder may be the cause. A clot or portion of the placenta may be at the bottom of the

inertia and here emptying the uterus and the hypodermic injection of ergot should answer as the method of treatment. If these causal factors are absent he proceeds at once to the thorough tamponade of the uterus.

### **Common Duct Cholelithiasis — Its Symptoms, Complications and Treatment.**

*Surgery, Gynecology and Obstetrics.*

MAYO ROBSON discusses gall stones in the gall bladder, cystic and common ducts, gives the differential diagnosis between them, also between cholelithiasis and malignant disease of the pancreas. He mentions a large number of complications which are likely to arrive and strongly advises early operative treatment. His technique for cholelithiasis is to make a vertical incision over the middle of the right rectus, separating the fibers with the fingers. This exposes the gall bladder and ducts. There are explored and if necessary the incision is carried upwards to the interval between the ensiform cartilage and the right costal margin. The assistant catches the gall bladder or free margin of the liver with sterile gauze to prevent slipping and draws the organ down from under the cover of the ribs. Then by lifting or rotating the lower border the whole of the gall bladder and cystic and common ducts are brought quite close to the surface. The concretions are directly cut down upon taking care to mop up the infected bile which freely escapes; the gall bladder or common duct can be aspirated before opening the duct if thought necessary. A gall stone scoop is passed, after removing all obvious concretions, to the hepatic ducts and then to the duodenal orifice. The incision in the duct is closed with

cat gut ligatures, or if the pancreas is swollen a drainage tube inserted. The mortality of the operation is about 3 per cent. of all cases.

### **Pregnancy and Diabetes.**

Editorially the Boston Medical and Surgical Journal states that it is well known that many women become temporarily glycosuric during their pregnancies. That it is a most delicate matter to decide where the glycosuria of pregnancy ends and where true diabetes begins. That the one is a benign and transitory affection where no treatment is required while in the other the prognosis is grave. Roque has pointed out that in glycosuria of pregnancy the amount of urine is not increased. Sugar is present in small amounts; it is not accompanied by any of the usual symptoms of diabetes such as polydipsia, brouillem, autophagia, loss of flesh, or severe disturbances of the nutrition. It makes its appearance with the pregnancy and disappears completely as soon as nursing begins. In true diabetes in mild types of the disease gestation will go on to term in a normal way, but in the acute and sub-acute types, abortion or premature labor is to be feared. In the majority of cases there is a calm in the disease during the first half of gestation and then suddenly an aggravation of the pre-existing symptoms takes place. It is about this time that the accidents, especially hemorrhage, due both to pregnancy and to the diabetes arise and the prognosis becomes exceedingly bad.

### **To Keep Water Pure.**

Superior Court Judge Ferguson has made permanent the injunction recently obtained by the city of Durham against the Eno cotton mills near that city, re-

straining them from emptying their sewage into Eno Creek. The company is further ordered to provide a suitable system of sewage disposal at once, the method to be subject to the court's order, to the approval of the State Board of Health. The result is complete victory for the city of Durham and her efficient health officer, Dr. T. A. Mann.

### **The Operative Treatment of Fracture.**

*Jour. A. M. A.*

KELLY states the number of fracture cases which have not only unsightly deformity but also poor functional results show that a decided change from the hitherto conservative methods of treatment is necessary to obtain the best results. He states that the mortality of compound fractures has fallen from 68 per cent. to 2 or 3 per cent. at the present time. He considers large (No. 4) chromicized catgut as the best material for retaining the approximated ends in position. He reports 23 cases upon whom the operative treatment had been performed and arrives at the following conclusions:

All closed fractures do not require operative intervention for proper reduction and immobilization. In fact, perfect anatomic and functional results are obtained in the great majority of cases when treated by conservative means. There are, however, some cases in which reduction can not be accomplished under anesthesia, and in which the x-ray photograph shows faulty approximation of the fractured ends. There are other fractures in which we know from experience that union will occur only with deformity, and the functional results thereby lessened. Other classes of fractures are frequently followed by non-union. We should carefully discriminate between



the various classes of fracture and select only those for this plan of treatment, which would not be followed by perfect anatomic and functional results, if treated by non-operative methods. The probability of infection following such operations in experienced hands and under proper surgical precautions, should be no more frequent than in operations on other structures.

### **The Intractable Menorrhagias of Arteriosclerosis of the Uterus.**

DICKINSON gives the following as his summary to an article in the Brooklyn Med. Jour.:

A woman, between 35 and 45, complains of excessive and debilitating flow at the periods. At once there come to mind cancer, fibroid, polyp, fungus endometritis. There is no cauliflower cervix, no tumor, scant enlargement. Ergot, hydrastis, douches, rest—all fail. Curetting comes next, and it may bring little. The microscope shows no suspicious structure in the scrapings. The bleedings continue, even if moderated for one or two periods. Then we know there are in that uterus submucous fibroids too small for bimanual touch to detect, or else there is arteriosclerosis. We look for other evidences of arterial pressure or thickening. We may curette again, perhaps, before proceeding further, but we have reached the point when we are called upon to obliterate the uterine cavity or to remove the uterus. If the uterus is distinctly suggestive of fibroids by nodular feel, if tending to retroversion or prolapse, if there is any doubt concerning cancer, the uterus would better come out. In the absence of these reasons in a patient not strong enough or young enough for a major operation—one who seems to

have a simple arteriosclerosis—we have a definite limited field for obliteration of the cavity by steam. Therefore most incoercible menorrhagias call for hysterectomy, an occasional case for atmocausis.

Thus the hemorrhages are arrested and the secondary anemia may be successfully treated. The "neurasthenic" manifestations will be relieved in those cases where the arteriosclerosis has been uterine, but will be lessened merely when the vascular change is general.

### **A Case of Epithelioma of the Face.**

*Jour. A. M. A.*

WOODWARD reports a case of small epithelioma of the face, which was first cauterized, and ulceration reappearing treated with apparent magical effect by the x-ray, the ulcer closing at once. The treatment was continued, however, over a total period of three months to make sure that no cancerous tissue remained. In a little over a month, however, the disease reappeared and excision was resorted to and revealed a marked infiltration of the adjacent tissues by the cells of the malignant growth, not accountable for by the lapse of time. The x-ray proved to be not only a dismal failure as a cure but both the cautery and x-ray acted to stimulate the growth and the case indicates that excision should be the operation of choice in this condition.

### **Medical Examining Board of Virginia—Examination Questions at Last Meeting, Dec. 12, 1905.**

Section on Hygiene and Medical Jurisprudence. Dr. A. S. Priddy, Examiner, Bristol, Va.

#### **HYGIENE.**

I. Give the principal sources of the water supply of large towns and cities;

state how pollution of such sources may be caused and the most deleterious substances and germs frequently present.

2. Describe the effects of a hot and moist atmosphere on the human system, and state the classes of disease of which it is productive.

3. Give clearly and concisely your understanding of the modern theory of the propagation of yellow fever and of foci and sub-foci in connection with epidemic disease.

4. Give names, causes and sanitary remedies for the relief and prevention of the principal diseases incident to school life.

MEDICAL JURISDICTION.

1. In matters of civil rights, what is considered a live birth by our laws, and what manifestations of life would establish it medico-legally?

2. Give the usual motives which, in a general way, underlie malingering, and state what general observations would assist you in differentiating between the feigned and real condition of a suspect.

3. Give a practical and reliable test for human blood stains, and state the difference in color of the blood of one dying from strangulation from that of one dying from suffocation by illuminating gas, and explain the cause of this difference.

4. Fully describe the symptoms of poisoning by each of the following: Belladonna or its active principle, bichloride mercury and chronic lead poisoning; and the conditions found in bodies after death from each of these poisons.

Pledge.

CHEMISTRY EXAMINATION.

Dr. O. C. Wright, Jarratts, Va., Examiner.

Block 1.

(a) What is meant by convection, conduction and radiation?

(b) Define the terms ohm, ampere and volt.

(c) What is the difference between static and dynamical electricity.

Block 2.

(a) Give chemical and physical properties of oxygen.

(b) Place an animal in an atmosphere of pure oxygen, give primary and secondary effects, giving reason for latter.

(c) What are the indications for administering oxygen and how is it given.

Block 3.

(a) Give formula for sulphuric acid.

(b) Give in detail mode of preparation.

(c) What are its chemical and physical properties?

Block 4.

(a) How is phosphorus found in nature?

(b) How is it prepared?

(c) Give symptoms of acute and chronic phosphorus poisoning.

Block 5.

(a) What is the source of organic compounds?

(b) Define a radical.

(c) What are Alcohols?

Block 6.

(a) Define and give general properties of organic acids.

(b) How do proteids occur in nature and give the composition.

(c) What effect does the gastric juice have on proteids?

## Block 7.

- (a) Give test for blood in urine.  
 (b) How would you recognize pus in urine?  
 (c) Having boiled a specimen of urine you get a cloudy precipitate; how would you proceed to determine nature of the precipitate?

## Block 8.

- (a) What methods are used for obtaining urinary sediments?  
 (b) What are the most common sediments found in acid urine?  
 (c) Give chemical test for uric acid in urine.

Answer and six blocks.

Pledge.

## ANATOMY.

Dr. C. W. Rodgers, Staunton, Va., Examiner.

I. Describe one of the following bony surfaces: Upper extremity of radius; shaft of femur.

II. Describe the pancreas; giving location, contour, structure, nerve, and blood supply.

III. Describe two of the following three muscles, including their origin, insertion and action: Gracilis, Latissimus dorsi, Extensor longus digitorum.

IV. Describe the mammary gland, including the nerve and blood supply.

V. Describe the first portion of the right subclavian artery; giving its relations, and naming its branches.

VI. Give origin, course, distribution and function of hypoglossal nerve.

Pledge.

## PHYSIOLOGY.

Dr. Robert C. Randolph, Boyce, Va., Examiner.

I. (a) What are Carbohydrates?  
 (b) Name three. (c) Where is Glycogen found, and how formed?

II. (a) What are proteids? (b) Name three. (c) Give names of Bile Pigments in man and beast.

III. (a) Name most important ductless glands. (b) What is lymph? (c) What is chyme?

IV. (a) Describe mouth digestion? (b) Describe stomach digestion. (c) Describe intestinal digestion.

V. (a) Give functions of the skin. (b) Give functions of glands of the skin. (c) What is diapedesis?

VI. (a) Give functions of fourth cranial nerve. (b) Give function of eleventh cranial nerve. (c) Give function of cerebellum.

Pledge.

## HISTOLOGY, PATHOLOGY AND BACTERIOLOGY.

Dr. R. M. Slaughter, Theological Seminary, Va., Examiner.

Answer six blocks.

I.—(a) Names the classes into which all tissues are divided. (b) Classify each of the following tissues: Cartilage, muscle, the epidermis, the lining of blood-vessels and tendons. (c) Name the three essential constituents of a cell (but don't give the cell membrane as one of them).

II.—(a) Name the three groups into which bacteria are morphologically divided. (b) Name and describe the members of it which are pathogenic. (c) Define and illustrate what is meant by mixed infection.

III.—(a) Define hemorrhage. (b) Define hemorrhage by rhexis, and hemorrhage by diapedesis. (c) Define hematoma. (d) Define hematemeses, hemoptysis, and hematuria.

IV.—Name the mechanical and chemical causes of necrosis.

V.—(a) Which of the connective

tissue tumors is malignant? (b) Where does cylindrical-celled carcinoma especially occur? (c) What is the variety of epithelioma that occurs at the junction of skin and musous membrane? (d) Why is scirrhus carcinoma so called?

VI.—(a) What is meant by regeneration of tissue? (b) Under what conditions is it possible? (c) Histologically, what is so-called scar-tissue?

VII.—(a) Is the sp. gr. of the urine high or low in diabetes mellitus, acute parenchymatous nephritis, and chronic interstitial nephritis? (b) What abnormal constituents, both chemical and microscopical, are to be found in the urine in the above named conditions?

Pledge.

#### OBSTETRICS AND GYNECOLOGY.

Dr. H. M. Nash, Norfolk, Va., Examiner.

#### Obstetrics.

1. Give the differential diagnosis of pregnancy.

2. What are the phenomena of a faulty metabolism during pregnancy, and what organs are most frequently involved?

3. Why do prophylactic measures play so important a part in bringing about a normal puerperium?

4. Define uterine inertia; from what conditions may it arise, and indicate its treatment?

5. Describe the management of labor in transverse and shoulder presentations?"

#### Gynecology.

1. What are the indications for the radical treatment of fibro-myoma?

2. In suitable cases, what are the advantages of myomectomy?

3. Give several methods of treating

prolapsus uteri, noting the most preferable.

4. Give the indications for, and dangers that may follow, the use of the Uterine Sound.

5. May leucocytosis be made a diagnostic factor in Gynecological cases?

Answer any four of each block of the above questions.

Pledge.

#### MATERIA MEDICA AND THERAPEUTICS.

Dr. W. B. Robinson, Tappahannock, Va., Examiner.

#### Materia Medica.

I.—(a) Give the physiological action of the salts of ammonium. (b) State the dose of bismuth subnitrate and its effect along the digestive tract. (c) Mention the symptoms attending chronic chloral poisoning.

II.—(a) Compare the action of morphine with that of codeine. (b) Compare pancreatin with pepsin. (c) Give dose of salol, how frequently repeated, and state in what portion of the alimentary canal is its decomposition effected, and by what means.

III.—(a) State the dose of the extract of colocynth and give its physiological action. (b) Describe the toxic symptoms which may be produced by the salts of mercury, and give antidotes. (c) Give the dose of croton oil and state its effects externally applied and internally administered.

IV.—(a) Compared with digitalis, how does strophanthus differ in physiological action? (b) To what alkaloids is the action of veratrum viride due, and what pathological conditions contra-indicate its use? (c) Give the antidote for carbolic acid poisoning.

Sign pledge and number only.



## Therapeutics.

Dr. J. E. Warinner, R. F. D. No. 7,  
Richmond, Va., Examiner.

I.—(a) Define a prescription and name its different parts. (b) What is meant by incompatibility, and give examples of two kinds. (c) Why are antagonistic agents sometimes combined, and give two examples.

II.—(a) Give the therapeutic uses of ergot and state its contra-indications. (b) Name the principal nitrites and state briefly their uses. (c) Formulate a compound cathartic pill containing three ingredients acting on different parts of intestinal tract.

III.—(a) What are direct and indirect antacids? Give examples of each. (b) How is the reaction of the blood and urine affected by the administration of alkalies before and after meals. (c) Give leading indications for use of belladonna and state chief objection to its use.

IV.—(a) Give a leading example of mineral and vegetable astringents. (b) What are chief uses of tincture aconite and give maximum adult dose when using old strength U. S. P. (c) Give chemical antidotes for iodine, corrosive sublimate and opium.

Sign pledge and number only.

## PRACTICE OF MEDICINE.

Dr. E. T. Brady, chairman, Abingdon,  
Va.; Dr. E. C. Williams, Hot

Springs, Va., Examiners.

I. What conditions are accompanied by severe pain in the chest and what characteristic symptoms would enable you to differentiate them?

2. What are the early manifestations of tuberculosis and how best managed?

3. What are the clinical symptoms of gastric ulcer and cancer, and how would you distinguish between them?

4. Give etiology and symptoms of:  
(a) Tonsillitis. (b) Adenoids.

5. In what disorders is the urine increased, and in what decreased? Give a reliable test for each of the following: Albumen, sugar, blood, bile.

6. Give etiology, symptoms and complications of erysipelas. Differentiate it from erythema and acute eczema.

Answer all questions. Sign pledge.

## SURGERY.

Dr. R. H. Slaughter, Theological Seminary, Va.; Dr. M. R. Allen, Norfolk, Va., Examiners.

I. What are hemorrhoids? Give their cause, classification, diagnosis and radical treatment.

II. What is synovitis? Give its causes, symptoms and treatment.

III. In a case of anuria, how would you determine whether due to suppression or retention? Name the causes of retention of urine and give treatment?

IV. Give the diagnosis and treatment of iritis? (b) Give the diagnosis and prognosis of fractures of the base of the skull.

VI. Give the symptoms of hip-joint disease in the early stage. (b) Describe the technique of intravenous injection of salt solution.

VII. What is (a) phymosis and (b) paraphymosis? Give treatment of each. (c) Give indications for skin-grafting, and describe a method of grafting.

Pledge.

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### A Surgical Suggestion.

After circumcision it is important to prevent adhesion of the reflected mucous fold of the prepuce to the corona glandis by the daily passage of a probe about the corona, and by the use of vaseline.—*American Journal of Surgery.*

### Personal.

Dr. George A. Coggeshall, Henderson, is critically ill with pneumonia.

Dr. Isaac W. Faison, Charlotte, who has been seriously ill, has recovered.

The vacancy in the office of coroner of Buncombe County, caused by the recent death of Coroner Dr. W. E. Hemphill, of Arden, has been filled by the election of Dr. E. R. Morris, of Asheville.

A fracture produced by only slight violence should at once raise the suspicion of a malignant growth. In such a case a uniform dark shadow about the bone as seen in the fluoroscope is to be interpreted as a neoplasm rather than as callus, for recent callus is not opaque to the x-rays.—*American Journal of Surgery.*

# The Carolina Medical Journal

A Monthly Journal of Medicine and Surgery.

VOL. LIV.

CHARLOTTE, N. C., MARCH, 1906.

No. 3

Address all communications and make all funds payable to THE CAROLINA MEDICAL JOURNAL.

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## EDITORIAL.

### Tabes and Dementia Paralytica in the Negro.

We have been much interested in reading the discussion of a paper read before the Hospital Alumni Association of St. Louis (Courier of Med. Feb. '06) with the title, "Is Mercury or Syphilis Responsible in the etiology of Dementia Paralytica and Locomotor Ataxia?" The author of this paper is Dr. O. L. Walter and he holds that mercurilization to which the syphilitic patient is subjected is more often the etiologic factor in the production of pareses and tabes than is the syphilis. While admitting that the arguments advanced are of considerable force and deserve consideration, it by no means follows that he has proven his claims.

The first point discussed by the author and noted by most of the speakers is the fact that the disease is rare in the negro. This fact is well substantiated by neurologists and clinicians and is the one more especially to be discussed here. The reasons given for it

are open to criticism. Brought down to a nut shell there is but one given by the author, viz., absence of long continued mercurial treatment. The general character of the negro is portrayed, his unhygienic surroundings, exposure to bodily violence, excessive venery, alcoholic excess, drug addiction, the large number of syphilitic patients in the race and the absence of systematic treatment. These are all true. As is also a fact brought out in discussing the second point, viz., Why is the brainy individual the usual victim? These troubles are prominent in wealthy, brainy and professional men. It requires brains to see the necessity for a long course of treatment and money to pursue it. Hence the author claims as the negro lacks these he is not given the mercurial treatment, and so escapes tabes and paresis.

To this last proposition a dissent is offered. The conclusion would be a logical one if the premises were correct. Here the premises do not go far



enough for the character of the brain must be taken into consideration. Though the author holds that there is no such thing as a highly developed brain it can not be denied that there is a difference in the mental organization of men and of whole races, that makes one more susceptible to the influence of environments and training than another. The author claims that it is illogical to say that the negro lacks a highly developed brain because it will not stand the test of criticism. The statement may be criticised, but nevertheless the fact remains that there is a wide difference in the mental and nervous organization of the negro race when compared with the caucasian. Wherein the difference lies may be impossible to demonstrate by anatomical changes, but is well recognized by practitioners dealing with both races.

It is conceded that the larger percent. of parietic and tabetic patients are from the more highly endowed class, so far as intelligence and education is concerned, but it does not follow that they are thus diseased because they took mercury to cure syphilis. Rather look for the etiologic factor in the strenuous life and consequent nerve exhaustion, the high living, the mental application, the worry of business or professional life, plus the syphilitic trouble of former years.

Forty years ago insanity in the negro race was almost unknown as were most of the nervous trouble to which the white race was subjected. Twenty-five years ago, when the hospital for the colored insane of this State (North Carolina) was opened, much surprise was expressed that there should be so many insane negroes, and many inquiries were made as to the cause of the rapid increase. To answer these de-

mands this writer, then superintendent of the institution, prepared a special paper on "Insanity in the Colored Race." (No. Carolina Med. Journal, November, 1883.) The views expressed therein were based entirely on personal observation as there was no literature on the question discussed, at least none available to the writer.

In this paper the differences in types or forms of insanity between the caucasian and negro races was noted. Insanity in negro races is more of the emotional type and the intellectual centers are not so largely involved as in the white race. The increase in insanity of the negro was prognosticated on the grounds that as increased duties of citizenship, education and the stress of business and family cares progressed his mental condition would become more unstable. This prognosis has been verified.

Special attention was called to the fact that suicide and general paralysis were unknown in the negro. The inherent love of life in the negro was given as a probable cause for the absence of suicide, and practically no reason given for the absence of tabes, the only explanation advanced being that the case of paresis could not exist alike in both races. Further studies tend to demonstrate that paresis is a disease of the cultured, refined, educated, progressive class. This the negro is not, consequently as a race is not subject to these troubles. Dr. Gregory, chief of the psychopathic ward at Bellevue Hospital, who has had unusual opportunities to observe general paresis in its early stages, sums up the etiologic factors as being—a constitutional neurotic inheritance, syphilis and an exciting cause such as stress of life, mental or physical strain, injury or an intoxi-

cation of some kind—expressing a very emphatic belief in syphilis as a requisite factor. (Editorial N. Y. Med. Jour. Jan. 27, '06).

A future generation of negroes will in all probability show cases of both tabes and paresis.

---

### **Criminal Abortion.**

The Louisville Monthly Journal of Medicine and Surgery treats this subject editorially, based on the recent developments of the crime and that of murder following, in Boston. The condition of affairs existing is astonishing. Operating rooms specially prepared with curtains so arranged that the identity of the operator is never revealed, disguises of various kinds were found in offices raided by the officers. Other cities are not exempt as the members of the profession know. The editorial closes as follows:

"The practice will not be broken up until our laws are revised, making it possible to prosecute and convict a criminal abortionist for the performance of the operation in the event the

patient survives. If the patient dies and her ante-mortem statement is obtained, there is ground for prosecution, but not otherwise. It is a question which should receive the attention of all who have the safety of our community at heart."

And we might say that to the medical profession more than to any other class does this question appeal.

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### **Show Your Colors.**

We give the closing paragraph of an editorial in the November issue (1905) of the Pennsylvania Medical Journal with the above heading as matter for consideration by every member of the profession.

"Yes, when the entire profession backs up any measure failure will be impossible. The right kind of backing, however, will require some self denial and effort on the part of individual members of the profession. It will not be enough to suggest to others what ought to be done, but there must be a willingness to take hold and help in the matter.

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## **Editorial Notes and Comments.**

### **Are We Swinging in a Circle?**

D. H. C. Buck has reviewed (Memphis Medical Monthly Feb. 1906) the treatment recommended by the text books pernicious malarial fever since Dungleson's time in 1842. All the authorities insist upon quinine, but say the alimentary canal must be cleansed first. All recommend calomel for this purpose, the dose being the only point of difference. Dungleson, in 1842, says large doses, 20 grains every four or five hours; in 1887 the dose had fallen to grain 1-4 to 1-2 every two or three hours, while in 1905 Hare advises it to

be given in large doses, 5 to 20 grains.

The author himself gives calomel for its effect—until he "cleans out the bowels"—one patient receiving 130 grains in four days to get the bilious evacuations. He asks are we advancing or do we merely swing around in a circle?

---

### **Publicity of Suicides.**

The evils of giving publicity to suicides are not properly appreciated by the lay press. That the reading of these accounts of suicide with all their ghastly details, often under flaming

headlines, encourages and incites other neuropathics to similar attempts is a well known fact. There is no justification for their publication. The majority of them are unknown to the public, and are in no way of interest outside the immediate neighborhood. Sensationalism and pandering to a depraved taste in literature are the only excuses that can be offered for putting them before the public. The purpose of our newspapers should be rather to cultivate higher ideals in the reading public. If they can do no good in suppressing suicide, they can at least avoid doing incalculable harm by declining to give publicity in their columns to deaths by one's own act. Especially are the harrowing details, going into the minutae as to how the act was performed and the reasons therefore objectionable and fraught with danger to others.

This protest is prompted by the reading in one day of six suicides in as many States, given in the daily papers under catchy headlines, and with close details in most of them.

### **Medica' Students 'll Get Yer Ef Yer Don't Watch Out.**

At a trial of a negro in the recorder's court of Atlanta for shooting a pistol on the street, it was developed that there was a wide-spread opinion and consequent fear that the medical colleges were in need of dissecting material, and that the students were roaming the streets after dark for the purpose of kidnapping negroes to use in the dissecting rooms. Policemen testified that it was producing one beneficial effect at least, in keeping a large class of the lawless sort off the streets at night. As one officer expressed it, "If nothing else comes of it the chickens can roost low for a while."

This will recall to the older practitioners the difficulties of obtaining material for dissection and the current reports of the students' modes of doing so.

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### **Symposium on Early Diagnosis of Tuberculosis.**

North West Medicine for January is an interesting number for students and specialists in tuberculosis. It has five papers read before the Washington State Medical Association on Tuberculosis, four of them devoted to its early diagnosis as pertaining to different organs—throat, osseous structures, peritoneum and female genitals, one on atypical pulmonary tuberculosis, and on tuberculin as a diagnostic agent.

---

### **Preliminary Education for Medical Students.**

The February issue of the Memphis Medical Monthly has a most interesting editorial making a plea for higher requirements for medical study and commending the Southern Medical College Association for its action in demanding that students matriculating after Jan. 1st, 1908, shall have literary attainments equal at least to a high school diploma. The conditions of the South immediately after the war necessitated some concessions as to length of study and educational requirements, but these are no longer necessary. Medicine of to-day is a different proposition from two decades ago, and the student of to-day needs to be well grounded in preliminary mental training in order to meet the requirements.

---

Punctured wounds about the knee should be treated with the greatest solicitude and attention to asepsis, in order to prevent infection of the joint. —*American Journal of Surgery.*

## SELECTIONS.

**After-Treatment of Malaria.**

Dr. B. F. Bell, of Taylor, Texas, claims the following to be a most excellent prescription in the after-treatment of malaria:

R Tr. ferri mur. ....	℥j
Strych. sulph. ....	gr. j
Liq. potass. arsen. ....	℥ij
Tr. capsici. ....	℥iij
Acid phos. dil. ....	℥iij
Glycerine, q. s. ad. ....	℥viiij

M. Sig.: One teaspoonful three times a day in water. Protect teeth with quill or alkaline wash. Shake label.

For children I decrease the iron and strychnine according to age, and for infants the acid one-half. Keep the bowels well open and the skin active by frequent cleansing. If the chills return while taking the tonic, stop it and check them with quinine; then give tonic again. Don't promise relief in chronic malarial poisoning under three months' regular treatment. This combination is one that I have used for fifteen years, and it has never before been published. (Medical Summary.)  
—*Cleopd. Med.*

**Physician's Fees.**

There is, it seems to me, one just plan by which fees should be regulated. It is that the physician should have an estimate of the value of his services, operative or otherwise, fixed in his mind. The amount should be based on his experience and skill. It should not be so low as to coax away unjustly the patients of the younger and less experienced men of the profession. This fee should be lessened when the financial

position of the patient would make its payment a serious burden. A well-to-do patient should pay the full fee, which should be generous in order to recompense the physician for his expensive education and hazardous life. This fee, however, should not be increased because the services of the physician are utilized by a very wealthy person, unless an unusual time is given to the service or an additional responsibility is placed on the physician by reason of the man's position.—*John B. Roberts, Jour. A. M. A.*

**Report of the Pneumonia Commission**

This commission, which was appointed in August, 1904, by the Board of Health, and began its work in October, has made public its first report. The commission consisted of Drs. Edward G. Janeway, William Osler, William H. Welch, T. Mitchell Prudden, Theobald Smith, Frank Billings, John H. Musser, L. Emmett Holt, Francis P. Kinnicutt, Thomas Darlington and Hermann M. Biggs. This report showed that the pneumonia germs were found in 95 per cent. of those examined. In discussing this question, it says that there is a possibility that pneumococci of greater virulence than those found in the month are inhaled with the air current, determining the onset of the disease. There would seem to be evidence that the pneumococcus may suddenly appear in the so-called normal mouth, that certain individuals carry the organism in their mouths for considerable periods of time, and that even those persons in whom the organism can not be demonstrated at every exam-



ination may harbor the pneumococcus in the less accessible portions of the respiratory tract. The study of the communicability of pneumonia led the commission to the conclusions that (1) "normal" individuals in whose mouths the pneumococcus is repeatedly found to be absent may acquire the organism by association with cases of pneumonia or with "positive normal" persons; (2) the handkerchiefs of pneumonia and "positive normal" cases may be regarded as means of transportation of the pneumococcus from person to person. A vigorous attempt was made to develop a serum which might be used either to ward off the pneumonia or to assist in ridding the blood of the germs after the disease has been contracted. They found that all pneumococci were agglutinated by means of pneumococcus serum was found capable of agglutinating various pyogenic streptococci, certain atypical organisms and several strains of the *Streptococcus mucosus capsulatus*; the serum of pneumonia patients varied in its power to agglutinate different pneumococci. Some strains were agglutinated, others not.

—*Jour. A. M. A.*

### To Abort A Felon.

It is claimed by Dr. J. Rilus Eastman, professor of surgery in Central College of Physicians and Surgeons, of Indianapolis, that a commencing felon will always be aborted by the local application of alcohol under perfect air exclusion. Cotton is saturated with alcohol and placed about the affected part and a thin rubber finger-stall applied over all. Seventy-two hours usually suffices to give relief or even effect a cure. He learned this in Von Bergmann's polyclinic in 1897, since

which time he has not had occasion to lance a single felon, the treatment of which was begun in time by this method.—*Medical Fortnightly*.

### Facial Neuralgia Cured by Cocaine Injections Into the Nerve Trunks.

Walter Spitzmuller (Wiener klinische Wochenschrift, No. 40) reports a very severe case of trigeminal neuralgia, of several years' standing, upon which all the ordinary remedies had been used in vain, and a surgical operation was contemplated as a last resort. The patient was a woman, 32 years of age, who suffered almost constantly, and had repeated attacks of paroxysmal pain, lasting a week or longer. The following formula was used hypodermically:

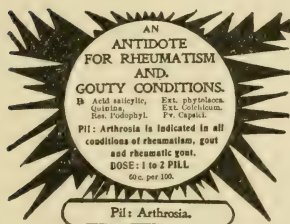
R Cocaine hydrochlorati.....  
 .....0.30 gramme  
 Suprarenin .....gtt. vi  
 Aquæ destillatæ.....20 c.c.  
 M. Ft. Sol.

Of this a half Pravaz syringe-ful was injected into the place of emergence of the left supraorbital nerve, and the same solution was then injected into the infraorbital, the mental, and also the occipital. Immediate relief was afforded, the pain was as if "blown away." There was only left a temporary feeling of numbness in the distribution of the nerve. The patient now was able to take food, and had a good night's sleep, the first in two weeks. The next morning she had a little pain, and another half syringe-ful was injected as before, but in the right supra and intraorbitalis. During the next three weeks, nine injections were given, after which the patient remained free from pain. Six months later there had been no return of the neuralgia. The

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Just what is Needed by the Busy Practitioner.



AN  
ANTIDOTE  
FOR RHEUMATISM  
AND  
GOUTY CONDITIONS.

℞ Acid salicylic. Ext. phytolacca.  
Quinine. Ext. Coffeum.  
Res. Podophyl. Fr. Capsul.

Pil: Arthrosia is indicated in all  
conditions of rheumatism, gout  
and rheumatic gout.

DOSE: 1 to 2 PILL.  
60 c. per 100.

Pil: Arthrosia.



For  
ANEMIA,  
CHLOROSIS,  
PHthisIS.

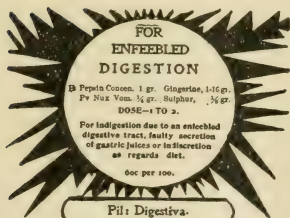
℞ Ferri Sulph. Puriss. Carb. ss 1½ grs.  
Dose 1 to 2.

Pil. Chalybeate furnishes the best  
form of iron as indicated in  
above diseases.

It is highly assimilable.  
Specify "Warner."

40 cents per 100.

Pil: Chalybeate.



FOR  
ENFEEBLED  
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℞ Pepsin Cocoon. 1 gr. Gingerale, 1-16 gr.  
Pe Nux Vom. ½ gr. Sulphur, ½ gr.

DOSE—1 TO 2.

For indigestion due to an enfeebled  
digestive tract, faulty secretion  
of gastric juices or to indigestion  
as regards diet.

60 c. per 100.

Pil: Digestiva.



AN  
EFFICIENT  
CATHARTIC.

℞ Cascaria . . . ½ gr. Aloë . . . ½ gr.  
Podophyl. ½ gr. Strych. . . 1-16 gr.  
Gingerale, ½ gr. Ext. Bellad. ½ gr.

Relieves hepatic torpidity, renews  
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As intestinal tonic mild in action.

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case is most instructive and the expedient deserving of extended use. The injections are free from danger; but they have the single objection of causing local tumefaction and ecchymosis, which, however, passes off in a few days. The reporter calls especial attention to the importance of making the injections directly into the nerve trunks, or at least in their immediate vicinity, so as to bring the solution in contact with the nerves.—*N. Y. Med. Jour.*

### Rules of Health.

A famous New York physician, now hale and handsome at seventy-five, sums up his half century of medical practice and observation in these simple rules of health:

1. Be temperate in all things, in matters of amusement or study as well as in regard to foods and drinks. To be temperate in all things, however, does not imply that one must be a prohibitionist about anything.

2. Don't be afraid to go to sleep, for sleep is the best restorer of wasted energies. Sleep a certain number of hours every night, and then remember that a short nap during the day is a safer rejuvenator than a cocktail!

3. Don't worry—either about the past or the future. To waste a single hour in regret for the past is as senseless as to send good money after that which has been irrevocably lost. To fret one's self about what the future may have in store is about as reasonable as to attempt to brush back the tide of the ocean with a broom. Worry of whatever kind, banishes contentment and contentment is a necessity of youth.

4. Keep the mind youthful. Live in

the present with all the other young people. Don't get to be reminiscent. Let the old people talk about the past, for the mere act of thinking about old things reminds the mind of its years. Reminiscences are dangerous—whether they be soothing or sweet or sad—for they characterize old age, and must be sedulously avoided by those who would be ever young.

5. Keep up with the times. To accomplish this learn one new fact every day. The mind that is satisfied to live upon the lessons it learned in its youth soon grows old and musty. To keep young it must be fresh and active—that is, abreast with the times. The old methods of thought and the old facts may have been correct enough once upon a time, but that time has passed. To-day they are obsolete and only amusing as relics of antiquity. To remain young, therefore, one must keep the storehouse of the memory clear of all such rubbish. Throw away one of the mildewed relics every day and replace it with some newer, fresher and more up-to-date fact.

Here, then, is this New York physician's secret of perennial youth in a nutshell:

Be temperate! Don't be afraid to go to sleep! Don't worry! Keep the mind youthful! And—keep up with the times!

It is not a difficult rule of life to follow. It is ever so much easier than wandering about strange lands in search of hidden springs. It is somewhat pleasanter than stewing over ill-smelling crucibles. Moreover, it has the advantage of being thoroughly practicable, which makes it worth trying.—*The Atlanta Journal-Record of Medicine.*

**Eclampsia.**

Kirkley (American Jour. of Obstetrics, Sept., 1905,) draws the following conclusions :

(1) The toxins producing eclampsia consists of waste products from the liver, intestines and kidneys augmented by fetal and uterine metabolism. (2) Renal insufficiency, rather than albuminuria is usually an etiological factor. (3) A causative relation exists between the condition of the urine in pregnancy and eclampsia, because toxemia results when the urea excreted diminishes. (4) Prophylactic treatment, encouraging elimination through the emunctories, is usually successful. (5) Venesection in suitable cases is the best prophylactic. (6) The uterus should be emptied when other means of relief have failed. (7) Venesection in suitable cases is the best curative agent, because of its promptness in removing toxins. *Varatrum viride* as a substitute is purely visionary. (8) Morphine has no place in the treatment of eclampsia, because it hinders elimination by the kidneys and bowels.—*The Atlanta Journal-Record of Medicine*.

Do not ligate tumors of the navel without making sure that intestine is not included within the ligature.—*American Journal of Surgery*.

**Diagnostic Hints.**

Many cases of tubal tuberculosis will be found in operating for chronic and subacute appendicitis. It is advisable in women to always gain an idea of the pelvic condition, if possible, when the abdomen is open and the diagnosis questionable; especially is this true if free fluid is found without sufficient active condition of the appendix to ac-

count for its production.—Dr. C. H. Mayo in *International Journal of Surgery*.

**Treatment of Dysmenorrhœa.**

In spasmodic and neuralgic dysmenorrhœa the following has proven beneficial if administered several days prior to and during menses:

R Extracti hyoscyami fluidi.....3ij  
 Extracti cannabis indica fluidi...3j  
 Extracti cimicifugæ fluidi.....3iv  
 Spiritus camphoræ.....3j  
 Spiritus ætheris compositæ, q. s.

ad .....3iij

M. Sig.: Teaspoonful in water three times a day.—*Medical News*.

**Fandancies.**

There is too much running after fads in our profession; too much striving after the odd and the eccentric; too much antitoxin and serum therapy, and microbe-hunting, and Chinese toy-shop apparatus and instruments; and not enough of that placid horse-sense which just cures folks and lets the book doctors and instrument inventors give the longhandled names.—*Ex*.

**Chapped Hands.**

Blake of London, "Eczema and Its Congeners," states that the following application made at night is an excellent method of preventing eczema of the hands in cold weather:

R Phenol ..... 5 parts  
 Cade ol. .... 10 parts  
 Nutritive cream.....500 parts

M. Sig.: This should be vigorously rubbed in to promote free circulation. It is a good plan to wear a pair of loose leather gloves at night.—*Journal of the American Medical Association*.



## SURGICAL SUGGESTIONS.

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In operating for loose bodies within the knee joint, do not be satisfied with removing but one body; a careful examination should be made to determine the presence of more, for they are very frequently multiple.—*American Journal of Surgery.*

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Never advise an elastic stocking in cases of varicose veins where thrombosis exists. The pressure may detach a part or whole of the thrombosis, propelling it into the general circulation.—*American Journal of Surgery.*

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In cases of head traumata, bleeding from the mouth or nose does not necessarily mean that the case is one of fracture at the base. The hemorrhage may be entirely due to a localized injury.—*American Journal of Surgery.*

---

The appearance of emphysema in the tissues about an infected wound, accompanied by fever and escape of bubbles of gas from the wound, should be regarded as very ominous and indicative of gas bacillus infection. Such cases should be treated by extensive incisions.—*American Journal of Surgery.*

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Every case of intestinal obstruction of obscure origin should be inquired into closely with reference to a previous history of cholelithiasis. If a definite history of this is obtained, it is well to suspect obstruction by a gall stone.—*American Journal of Surgery.*

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Remember that chronic ulcers on the hand are found in brass workers, and that a discontinuance of this occupation is necessary to secure healing.—*American Journal of Surgery.*

Do not give a good prognosis in cases of melanosarcoma of the fingers or toes, no matter how small the tumor may be, and no matter how high the amputation is performed. In the majority of cases, these patients succumb to metastases.—*American Journal of Surgery.*

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Although the anal reflex requires profound anesthesia to abolish, chloroform or ether is not always needed in order to divulse the sphincter ani. This may be accomplished painlessly, and usually with entire satisfaction, under ethyl chlorid or nitrous oxid narcosis if, especially, an opium suppository is introduced a half-hour beforehand, and a pledget of cotton wet in cocain solution is applied just before the operation.—*American Journal of Surgery.*

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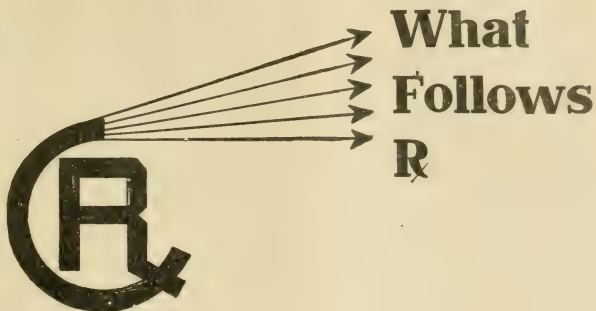
It is a good rule to always inspect the labia before making a vaginal examination. Many pathological conditions in these parts may otherwise pass unsuspected.—*American Journal of Surgery.*

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In pulling on the round ligaments in the Alexander operation, use the fingers rather than instruments; a surer hold is given, one can gauge the proper force to employ more readily, and there is less likelihood of the ligaments tearing.—*American Journal of Surgery.*

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Most cases of sudden, unexpected hemorrhage from the urethra are due to malignant disease, but it is well to remember that there are cases of genito-urinary tuberculosis in which such a hemorrhage is the first symptom.—*American Journal of Surgery.*



in a prescription means much to the patient. Discriminating physicians, therefore, when prescribing an emulsion usually specify Hydroleine—the pancreatized form of cod-liver oil.

On account of its remarkably high percentage of oil and the quickness and thoroughness of its digestion and absorption, larger quantities of oil can be assimilated within a given time in the form of Hydroleine than in any other way. Hence, results follow promptly. Write for sample and literature. Sold by all druggists.

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## NEWER MATERIA MEDICA.

**The Treatment of Pulmonary Tuberculosis, with Report of Cases.**

(By C. W. Canan, M. D., B. S., Ph. D., Orkney Springs, Va.)

To say that the treatment of tuberculosis is the most interesting question of the day among physicians is putting it too mildly. There is scarcely a day but what the general practitioner is called upon to treat this disease in some of its many branches, though most frequently of the lungs. The question of specific medication for tuberculosis is one of special interest, because every day this or that new remedy is supposed or claimed to cure tuberculosis, without respect to existing surroundings, or conditions that may complicate pure consumption, so called.

We seldom see a case of simple tuberculosis. As a rule, when the patient comes under our care he is suffering from mixed infection in which the causes are so complex that we have not as yet been able to find any one remedy competent to arrest the disease in its various channels. Although the disease may present itself under similar appearances it is irrational, from a bacteriological standpoint, to apply the same remedy in these similar conditions. Whether the above be true or false we do know that nature is able to cure the disease sometimes. In other words the systemic cells are capable (if kept up to their normal) of generating an antitoxin that destroys the bacilli and their toxins. This can only occur through the vital resistance of the organism itself, manifested either as a local cell resistance directly exerted on the invading microbes or

as a capacity to generate antitoxins, neutralizing the toxic products of germ life or by inhibiting the development of the bacilles themselves. However, the recovery is due to the reactive vigor of the cell life, and this in turn is the product of nutrition and oxidation.

This brings us to that plan of treatment we have always advocated. Use hygiene, surroundings, location, drugs and food; anything that will build up our patient and increase his cell resisting force, or that will enable the cells to generate antitoxin so essential when waging war upon an invading enemy. We all know that pure air heavily laden with ozone; that good wholesome food containing an excess of proteids; that mild climates in winter all have their influence in the right direction, but when we come to drugs, what shall we select? Keep in mind the object to be attained, that of building up the system and retaining nerve force and cell activity until the diseased condition is conquered.

Hagee's Cordial of Cod Liver Oil Comp., containing as it does the hypophosphites of calcium and sodium, with the tissue building constituents of Cod Liver Oil, becomes the best remedial agent for this disease in its various phases we have been able to find. This is especially true when prescribed in pulmonary tuberculosis. Every other advantage should be given the patient, that of hygienic surroundings, pure air, nutritious foods and the keeping of all the organs in a healthy condition, that they may be able to perform their various functions. We do not claim that this product is a cure all or a panacea for this disease; but we do claim that

this plan of treatment has given us better results than many others we have tried. In proof of this assertion we append the clinical report of two severe cases treated as above indicated.

Case I. Mrs. Dollie M., farmer's wife, age 32, mother of one child 6 years old. Family history tubercular. Other than the diseases of child she has had enjoyed good health. After reaching womanhood she was robust and was use to an active life. Three years ago she became a victim of La Grippe, but recovered in a short time except a cough, this, the family believed, due to a slight bronchitis left from the "Grippe." Her family physician was called in occasionally and prescribed some simple remedy for her cough which improved from time to time only to become decidedly worse. Nearly a year passed in this way, when her condition became alarming, and the writer was called to see her. We found the patient very much reduced in flesh and scarcely enough strength left to walk from bed to a chair. Her cough was very troublesome and exhaustive. Appetite poor; she was anaemic, had dyspnea, was chilled during the morning hours and had hectic flushes during the afternoon, and night sweats at night. Examination of lungs revealed serious involvement of left apex and lower lobe of right lung. Patient complained of pain in left shoulder and right side, which was very severe when patient coughed. Pulse and temperature normal during morning hours, but during the evening the pulse would rise to 120 and temperature to 103° F. The expectoration was stained and examined by the microscope and was found to contain the characteristic tubercular bacilli. A blood count was

also made which was as follows: Red corpuscles 3,970,000, white 5,600, haemoglobin 36 per cent. Diagnosis, pulmonary tuberculosis (mixed infection). Prognosis very grave. I told the husband that I did not believe it possible for his wife to live over ninety days, however we would leave no stone unturned in trying to save her life. Treatment; counter irritants were applied anteriorly and posteriorly over diseased lungs. She was then placed upon Hagee's Cordial of Cod Liver Oil after meals and 10 minims of the Tr. Chloride of iron in a half glass of water one hour after meals. Hygienic surroundings were made the best possible. The first noticeable improvement was that of her appetite. This was followed by a decided gain in strength. In three weeks from beginning of treatment the night sweats were rapidly disappearing, the same was true of the hectic condition. Pulse and temperature failed to rise above the normal during the evening hours as before. By the end of the second month the patient had gained sufficient strength to walk about the premises, and to take short drives. The dyspnea had disappeared, cough was loose and gave but little trouble. The lungs were fast clearing and the bacilli fast disappearing from the sputum. Blood count had raised to the following: Red corpuscles 4,500,000, white 5,300, haemoglobin 52 per cent. At the end of six months, when the seventh bottle of Hagee's Cordial had been finished, the iron having been discontinued long before, there was not a vestige of the disease remaining. Cough had absolutely disappeared, patient had returned to her normal strength and weight. One year has now elapsed since patient



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was dismissed and there has not been the slightest return of the former trouble.

Case II. Mrs. Rebecca F., widow, aged 70 years, mother of three children, two of which are now living, tubercular history on father's side. Patient had been very strong and a hard worker all her life. She developed a cough which she mistook caused by a cold. She tried various home remedies and patent medicines only to find her cough growing more troublesome and her strength failing. Night sweats developed and dyspnea came on from slight exertion. Six months of valuable time was lost in this way. When I was called to see this old lady and finished my examination I told her son that all that could be done would be palliative. The whole right lung was

involved at different points, also the pleura. The cough was exceedingly troublesome robbing the patient of sleep the greater part of the night; the expectoration was tough and hard to raise. When she did fall asleep she was drenched with night sweats. Hectic flushes came on every afternoon, and the microscope revealed the characteristic bacilli. A diagnosis was made of fixed infection. Treatment consisted of painting with iodine as a counter irritant, and the administration of all the old whiskey she could take before meals and on retiring in hot sweetened water. To this was added Hagee's Cordial of Cod Liver Oil Comp., after meals. Improvement was slow except her cough was not so troublesome at night.

During the time that elapsed before

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improvement began the patient insisted upon a change of treatment, but I told her to persevere in the one prescribed. But when improvement once began there was only one relapse due to a new area becoming involved, which subsided in a few days. From this time the bacilli gradually disappeared from the sputum. The patient gained in flesh and strength and her cough gradually improved and at the end of six months there was only a slight morning cough remaining. One year has now elapsed since this case was dismissed and the patient has remained in good condition up to the present. At

this early date it is impossible to say whether the disease will return or not, but let that be as it may, we are more than pleased with the results of treatment in cases so severe as these, and believe it is worthy of a more extended trial.

## Catarrhal Diseases of the Naso-Pharynx.

(By H. M. Marsh, M. D., Auburn, Ky)

As the season is now here when this class of diseases take up most of the physician's time, and is the cause of more suffering among more people than almost all other diseases combined,

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I wish to say something in regard to a simple and effective treatment of this class of diseases. In this climate this is the commonest of all diseases, there being very few who do not suffer from it in some of its various forms. Chronic nasal catarrh is in most cases a result of repeated attacks of acute catarrh or "common colds." In this short article it is not necessary to go into details or take up time or space with causes and symptoms; everyone is familiar with them. My object here is to simply give my plan of treatment plain and simple, yet eminently successful. In the treatment of these cases every physician is well aware of the fact that cleanliness is in most cases all that is

necessary for a cure. Every physician also knows that in order to have a perfect cleansing agent it must be both alkaline and antiseptic. My success in treating these diseases, viz., acute and chronic nasal catarrh, including ozena, acute and chronic tonsillitis, pharyngitis, catarrhal deafness, etc., has been due almost entirely to the systematic and thorough cleansing of the mucous surfaces with Glyco-Thymoline. I have been using this ideal alkaline antiseptic in my practice for years, and have never been disappointed in it. A few cases from my notebook will better explain my method of treating these cases:

George C., boy, aged six. Was called

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early one morning to see him. Found him with a severe attack of acute tonsillitis. Temperature 104 1-2 three hours after a hard chill in the night, both tonsils inflamed and badly swollen, one covered with the characteristic patches. I at once ordered Glyco-Thymoline and hot water, equal parts, and instructed him how to gargle and hold his mouth and throat full by lying on his back. In this way he could retain it in contact with his throat for some time, this to be kept up "ad lib." all day. I gave 1-10 drop Tr. Aconite every two hours. When I visited him at night I found him much improved. I kept him on the same treatment during the night and discharged him well on the morning of the second day. This is my way of treating acute tonsillitis, and I want to affirm here that it will cure almost every case if begun early and used persistently. I always use the Glyco-Thymoline and water as hot as possible. In chronic follicular tonsillitis I use Glyco-Thymoline, frequently pure with an atomizer, spraying with force directly against the tonsil every day. In this way you can clean out the crypts thoroughly, and it has been the most successful treatment I have ever used in this hard-to-cure disease. In chronic pharyngitis, min-

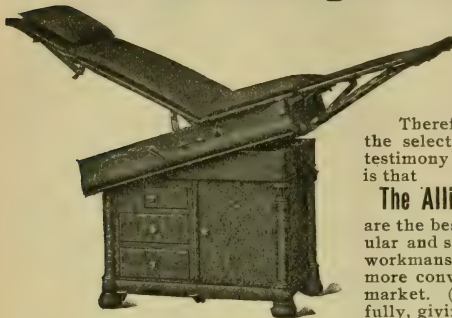
isters and singers' sore throat, I use alternate hot and cold sprays with success. In the ulcerated throats of scarlet fever I find nothing so soothing and effective as Glyco-Thymoline used in the same way.

One other case I will report was a case of ozena of several years' standing. Young lady, aged eighteen, was brought to me. She had been a sufferer for several years, having been treated by several physicians at home and by one specialist, who had operated upon her, removing the turbinates and cauterized with no success. I found her in a most pitiable condition from the ulceration. Discharge profuse, greenish yellow and of the most offensive odor. Frequent nosebleed, hearing badly impaired in the right ear; flesh very much reduced; general health bad and with a tubercular history making the prognosis very unfavorable. I ordered her to use locally Glyco-Thymoline, 50 per cent. solution, treating her at my office with an atomizer every other day and having her use it at home with the K. & O. Douche. I also put her on tonic treatment. While treating her at the office the third time she blew from the nostril a mass of decomposed flesh containing pieces of dead bone which was expelled with



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difficulty, followed by a severe hemorrhage. After this her improvement was rapid and continuous, resulting in her complete recovery in less than two months. I have used this treatment in numerous cases, and always with eminent success. I have no reason to change. Glyco-Thymoline is certainly the ideal alkaline antiseptic, and I am glad to recommend it to all my fellows in the treatment of all catarrhal diseases.

### PERSISTENT HEADACHE DUE TO NASAL CATARRH.

Nasal Catarrh, both acute and chronic, frequently serves as the cause of headache. The pain is generally one of persistent type and classed as congestive. Examination in these cases may show suppuration of accessory sinuses with marked nasal obstruction due to small spurs, deviated septum and general hypertrophy. As a rule these

obstructions are of little import if the engorged membrane can be readily depleted and the local circulatory system restored. This can readily be accomplished by instructing the patient in the use of Glyco-Thymoline in a 25 per cent. solution (warm) by means of the K. O. Nasal Douche. The solution should be applied at least twice daily until the nasal membrane is found to be perfectly normal. This measure will give prompt relief from the congestive pain and maintain the nasal membrane in a healthy condition.

February 3, 1906.

Laine Chemical So.,

Gentlemen: The supply of "Sulpho-Lythin" sent by me request was duly received. I have used the same as an adjunct in the treatment of gonorrhea and have found it of great value in such

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cases. I furthermore had occasion to employ it in an entirely different class of case, in January last. One of my immediate family was taken about two A. M. with a severe attack of Gastro-Enteritis due to some irritant contained in an "Irish" stew which was eaten at supper the evening before. The patient had vomited several times and had two watery passages from the bowels, before I was called. I found her in great pain, accompanied with violent retching, which was so great as to have alarmed the family. I immediately gave a full dose of "Sulpho-Lythin" in a glass of warm water, believing that owing to the saline reaction of the preparation it would act as an emetic, and thereby wash out the stomach. I was justified in my be-

lief, for in about two minutes the patient vomited. I again administered it, with the same result. The retching now ceased, and after a few moments I gave another dose, but this time in hot water. This was retained, as I desired. The pain rapidly lessened, and in half an hour the patient fell asleep, not awakening. She was again given a dose of "Sulpho-Lythin" in hot water before breakfast, and persisted in going to her vocation. I consider the result in this case excellent, as no morphine or other drug except "Sulpho-Lythin" was employed.

Wishing you continued success, I remain, respectfully yours,

(Signed.) **C. J. BEAMAN, M. D.,**  
718 Superior Ave., N. W.,  
Cleveland, O.

### A Plea For the Tablet.

"In the first place, compared with pills, tablets have no insoluble coating nor, when properly made, have they any insoluble excipient added to their composition. For example, antikamnia tablets are made by simple compression, and therefore, if the secretions of the human system affect the medicine administered, it is bound to be absorbed in the quickest possible time, which is always an advantage. Comparing tablets with capsules, greater accuracy in dosage is assured, as experiments have proven. For example, forty tablets of Bisulphate of Quinine, made on a machine, adjusted to five grains each, weighed 199 3-4 grains on a torsion balance. The most careful druggist knows it would be impossible to do this in filling capsules. The objections some have to tablets is readily overcome by crushing them before administration and we are glad to know that the Antikamnia people take the precaution to state that when very prompt effect is desired the tablets should be crushed or chewed. Antikamnia itself is not unpleasant to the taste, and the crushed tablet can be placed on the tongue and washed down with a swallow of water. It so frequently happens that certain unfavorable influences in the stomach may prevent the prompt solution of tablets, that this suggestion is well worth heeding. This, however, does not apply to Antikamnia Tablets, for they disintegrate at once, as soon as they come in contact with moisture. Drop a tablet in a glass of water and be convinced of this. Proprietors of other tablets would have better success had they given more thought to this question of prompt solubility. Antikamnia and its combinations in tablet

form are great favorites of ours, not because of their convenience alone, but because of their prompt and uniform therapeutic effect."—*The Journal of Practical Medicine*.

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### Reading Notice.

It is gratifying to note the many improvements that are being made in physicians' appliances. Manufacturers are putting forth extra efforts to produce articles that will save time and energy, enabling the busy practitioner to care for his patients in a more satisfactory manner.

We would call special attention to the equipment designed by the W. D. Allison Company, of Indianapolis. They have recently placed upon the market an automatic table on which the leg-rests are detachable, making possible certain positions that can not be obtained on any other so-called "Automatic" table made. Leading factors in the popularity of this new model are its handsome design and perfect mechanism, every position being secured easily and noiselessly without lost motion nor vibration.

This table, the Style 36, is shown here in the Normal position, and another position is shown in the Allison ad. this publication.

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### Chronic and Recurrent Coughs and Their Treatment.

(Abstract of article by J. E. Alter, M. D.)

In treating coughs we quite often encounter obstinate cases, which, no matter what combative measures may be instituted as the Chronic Cough and the Recurrent Winter Cough. Both of these classes are extremely obstinate in their course and yield reluctantly to treatment. They are usually of long

# Cystogen-Lithia

Effervescent Tablets of { Cystogen 3 grains  
Lithium tartrate 3 grains

Uric acid Solvent, alkaline urinary antiseptic.

**DOSE**—One or two tablets in a glass of water, three or four times daily. They should be dispensed in the tubes to preserve the effervescent property.

**Where Cystogen is indicated, Lithia is of advantage;  
Where Lithia is prescribed, Cystogen is indicated.**

**Indications**—Rheumatism, gout, urinary deposits, calculus, cystitis, prostatitis and gonorrhoea. A good urinary antiseptic during convalescence from typhoid and scarlet fever.

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duration, and, while not in themselves directly dangerous, may become so by inducing emphysema and bronchiectasis.

In the great majority of chronic and recurrent winter coughs, the basic trouble lies in a low form of inflammation of the bronchial mucous membrane, especially that of the bronchioles.

In many cases I have used Codeia, but lately I have been having much more success with another derivative of opium, i. e., Heroin. In comparing the results obtained from the use of these two drugs, I notice that heroin will not constipate the patient, nor will it have the stupefying effect characteristic of codeine. Another advantage possessed by heroin is that it is effective in young children in very small doses.

I had been accustomed to prescribe

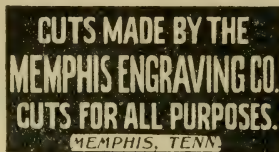
heroin alone, but, about a year ago, my attention was called to a preparation of that drug—Glyco-Heroin (Smith). Upon giving it a good trial I found that it gave me better results than obtained when heroin alone was given, and much more quickly. Glyco-Heroin (Smith) has one distinct advantage over plain heroin in that it can be given for a long time without ill effects, and in the class of patients in question this is, indeed, a most important feature. During the past year and a half I have treated a number of cases and recurrent winter coughs with Glyco-Heroin (Smith) and have obtained uniformly good results.

Example: A. L. Salesman, aged 28. I saw this patient early in the spring of 1903. He is robust and of good habits. He consulted me concerning a



constant cough which had troubled him for over a year. It was usually worse in the morning and after meals, and accompanied by expectoration of thick muco-purulent matter. Sometimes bloodstained, and especially so after a severe paroxysm. This circumstance preyed upon his mind considerably—he thought he had consumption. I learned that he had had a severe attack of acute bronchitis during the spring of 1902 and had been coughing ever since. Physical examination excluded tuberculosis. The diagnosis was chronic bronchitis, subsequential to acute. The patient was immediately put on Glyco-Heroin (Smith), and the same hygienic measures ordered as in Case i. Here again the financial condition of the patient precluded change of climate. In addition to the Glyco-Heroin (Smith) the patient was given syrup of hypophosphites as a tonic. I did not see him again until last October. He then reported himself absolutely free from cough. He continued taking the Glyco-Heroin (Smith), and, during the present winter, has not experienced any return of the trouble. In this case a complete cure was effected by means of quieting the cough and stopping the irritation of the mucous membrane, in this manner allowing the restorative powers of the body, aided by the tonics and good hygiene, to accomplish a cure.

Example: Miss R. M., aged 24, teacher. This lady had been coughing ever since she was nineteen years of age. At that time she had an attack of rheumatism with a complicating bronchitis. After the acute condition had moderated, she continued to cough, the cough being very annoying in character, spasmodic and prolonged. After



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each paroxysm she was left in a state of exhaustion. During the attacks she urinated involuntarily. On examina-

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tion she was found to have chronic bronchitis, aggravated by an exceedingly irritable condition of the respiratory tract. The mere odor of cigar smoke was sufficient to induce a paroxysm of coughing. In treating this patient it was necessary to devote attention to the neurasthenia as well as the chronic bronchitis. She was placed on a diet and her mode of living regulated. Arsenic, strychnine and iron in pill form were given. For the cough, I ordered Glyco-Heroin (Smith). The improvement was marked and rapid. The general nervous condition became much improved and the cough grew much less severe and gradually lost its spasmodic character. At the present time it amounts to but little more than a "clearing of the throat." This case, more than any other, demonstrated the excellent properties of Glyco-Heroin (Smith). The quick relief afforded was surprising and no more gratifying to the patient than to me.

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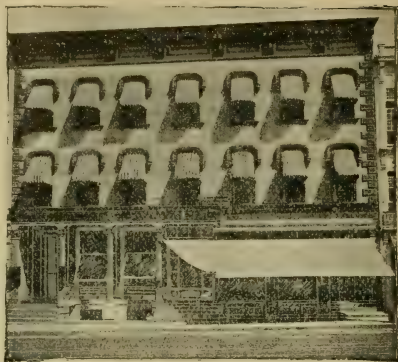
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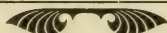
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### **Old-Fashioned "Circuit-Riders."**

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Eugene Wood, in "The Old-Time Revival," in the March Everybody's, describes as follows the "circuit-riders" who used to distribute religion to our forebears:

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one of them has said, they 'murdered the king's English at every lick,' but they had power given unto them to move the hearts of men, such power as we can only estimate by first reading the accounts of camp-meetings in the 'airly days,' and then going to a modern one, thinly attended and only by the very old, at that, and deadly with a dulness that no brass quartet, or hired singers of religious balads, or frequent jingling of tawdry 'gospel hymns' can lighten in the least degree. In the old days whole settlements were utterly de-

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serted to attend camp-meeting, and if the rowdies came and brought their whisky-bottles and made disturbances, that also was good times in religion. A mighty power could smite them senseless to the ground, if not the preacher's fist on 'the burr of the ear,' as Peter Cartwright calls it. (Says he: 'I did not permit myself to believe that any man could whip me till it was tried.') But the mighty power could always be depended on, and if 'the slain of the Lord' did not keel over by the hundred under his preaching, the circuit-rider examined his heart to find out why."

### *Annals of Surgery.*

The January number of the *Annals of Surgery* contains fourteen original articles on timely subjects by men well known to the surgical profession. Abstracts of several of the papers will be found under Abstracts. The reviewer

recently had occasion to look up the back numbers of the *Annals of Surgery* for the past three or four years and he was astonished to see the gradual improvement that had taken place in this splendid publication.

---

The Bloodless Phlebotomist is a neat little journal coming to our table. The original papers in a recent issue were as follows:

"Appendicitis As An Infective Inflammation," by Prof. Robert T. Morris, A. M., M. D., of New York.

"The Early Diagnosis of Pulmonary Tuberculosis," by H. Edwin Lewis, M. D., of New York.

"Phagedenic Ulcer," by J. Bonnefin, M. R. C. S., of Leytonstone, England.

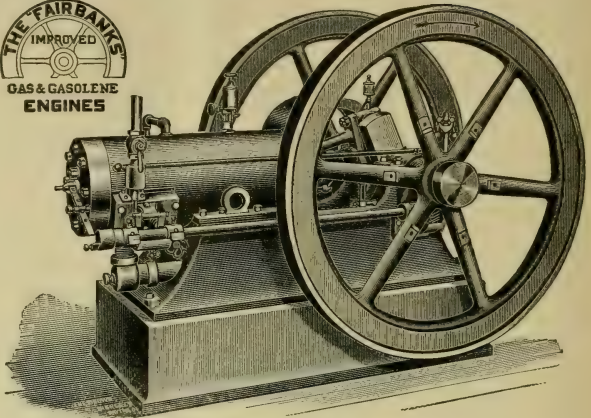
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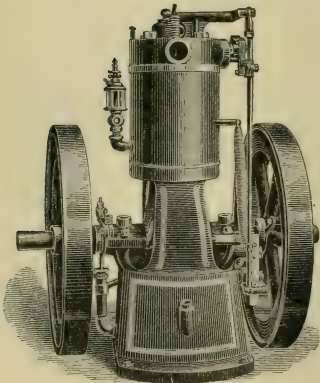
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It is with pleasure we note the appearance of the 4th edition of Professor Tyson's "Practice of Medicine," a work so widely read, so highly estimated by the medical profession, that

we may safely say it is one of the classics of American Medical literature. There is a simplicity of language and lucidness of thought which betoken the wide experience and scholarship of the author. The former edition has been carefully revised and recent advance incorporated under their proper headings. Sixty pages of new matter has been added. The section on Animal Parasites has been revised by the author's colleague, Dr. Allen J. Smith, a recognized authority on this subject. Under this heading there also is a number of new illustrations, thus making this department as complete as can be found in any text-book which we have had the pleasure of reading. We heartily commend this work and feel entirely safe in saying that the student or practitioner who conscientious-

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ly follows the teachings of Professor Tyson will have no cause for regret.

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eye, type clear and full, and the illustrations are clear-cut and in good tone.

## MEDICAL NEWS AND ITEMS.

An Austrian Society for the Repression of Quackery was formally constituted at a meeting held in the rooms of the Medical Society of Vienna recently.

Prof. William H. Welch, of Baltimore, has been elected a member of the Board of Trustees of the Carnegie Institution, in place of the late Secretary of State Hay.

The commencement exercises of the North Carolina Medical College will be held in the Academy of Music in Charlotte on the night of April 3d, be-

ginning at 8:30. The address will be delivered by Dr. Benj. K. Hayes, of Oxford, at the conclusion of which a banquet will be given the graduating class at the Denny Cafe. The Baccalaureate sermon will be preached by the Rev. Plato Durham, of Charlotte, Sunday, April 1st.

The President and entire State Board of health of Louisiana have transmitted their resignations to Governor Blanchard. No appointments to fill the vacancies thus created have as been made.

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It is reported that Prof. V. Czerny is to retire from the surgical clinic at Heidelberg in order to devote his energies exclusively to the Institute for Cancer Research, which was recently founded there mainly by his efforts and donations. Garre, who recently took Mikulicz's vacant chair at Breslau, is suggested as Czerny's successor. Nearly \$200,000 have been subscribed for the new cancer institute.

A bill has been introduced in the Tennessee Legislature giving physicians the same protection in the collection of fees for professional services in the last illness as are now afforded undertakers.

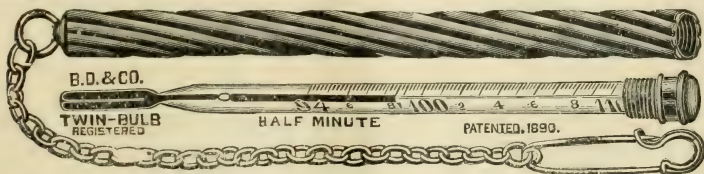
Physicians of Plymouth, Pa., are reported to have formed a union, fixed a schedule of fees, and agreed not to attend patients who are three months in arrears for professional services.

The Deutsche medicinische Wochenschrift announces that the Copenhagen and the Berlin academies of science have united in publishing a catalogue of all the Greek and Latin medical writings that have been handed down to us from antiquity. This catalogue, says an exchange, is to be preliminary to the suggestion that the International Association of Academies of Science undertake the task of publishing a complete scientific edition of the collected works of the physicians of antiquity. The plan is to be proposed at the next general meeting of the delegates of the association, which will be held at Vienna during the spring of 1907.

Among the bequests of the late millionaire Charles T. Yerkes, who died in New York City on December 30, 1905, is also a paragraph which deals with the founding of a hospital to be known

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as the Yerkes Hospital. The sum of not more than \$800,000 is to be set aside for the purpose of purchasing a proper plot of ground in the borough of the Bronx, city of New York, and for the building of a hospital. He also provides for support and maintenance of the hospital, which will be open to all patients not financially capable of paying for their proper treatment.

A warning has been issued by the United States Marine Hospital Service against lobsters, stating they are a cause of the spread of typhoid fever, which is prevalent now in many Eastern cities.

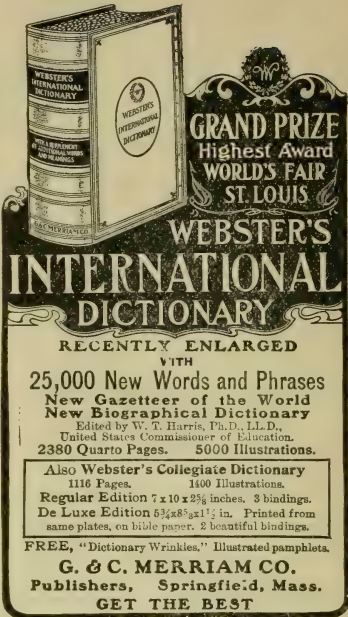
The Chicago Polyclinic will erect a new building at the southeast corner of Oak Street and La Salle Avenue. The new structure is to be six stories high, and will be thoroughly modern in the equipment of all departments.

In connection with the meeting of the French Association for the Advancement of Science to be held at Lyons in August, 1906, Professor Courmont, president of the Section of Hygiene, intends to organize in the name of the city of Lyons all methods, apparatus and materials used in town sanitation.

The first meeting of the American Association of Railway Surgeons is to be held at the Northwestern University Building, Chicago, October 3, 4 and 5.

Labor will be a dream, declares an exchange, if you give the primipara half an ounce of castor oil every other night for two weeks before the expected date of birth.

According to the Norwegian papers an economical method of producing alcoholic intoxication is being practiced by the lowest classes of Christiansia. The toper fills the palm of his



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hand with a very strong form of corn brandy and snuffs it up into the nose. This is repeated several times, though once is sufficient to produce complete intoxication.

The eucalyptus tree has been considered by the Panama Canal Commission for the purpose of eliminating the breeding places of the mosquitoes, this method having been used with much success by the French in Algiers, the marshy lands having thus been dried up.

The Japanese Minister of War says that Japan at one time in the course of the war had 1,200,000 troops under arms. Of this number, said the minister, 70,000 died and 370,000 were wounded or became sick, but only 15,000 died from sickness and 9,800 from wounds after coming under treatment.

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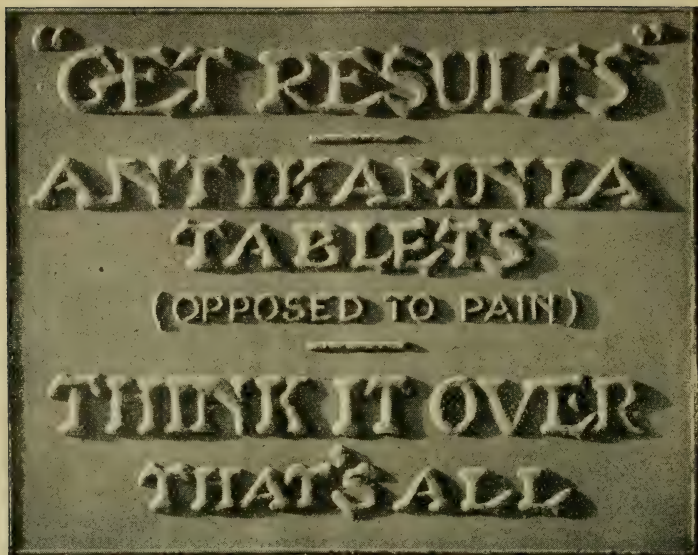
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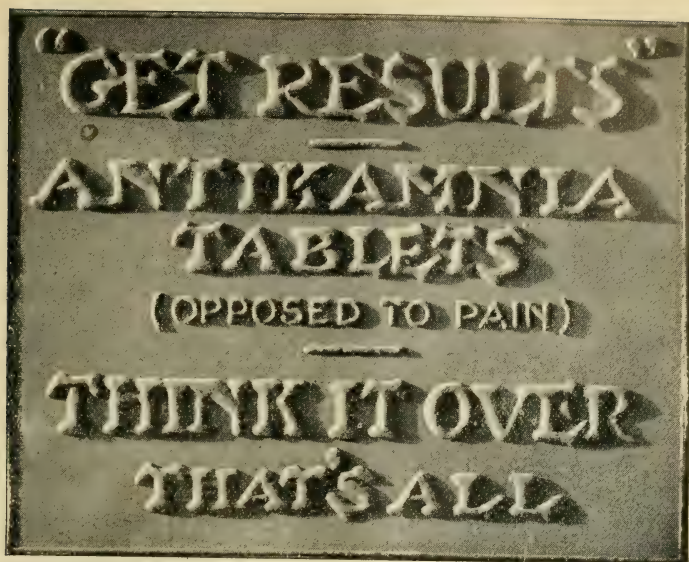


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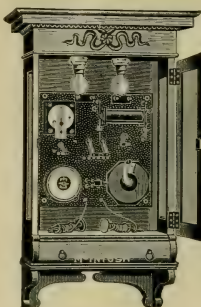
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## ORIGINAL COMMUNICATIONS.

### The General Practitioner — Where Does His Responsibility End?

(By D. W. McQueen, M. D., Camden, Ohio.)

Before the time of Jenner, the general practitioner was not responsible for the spread of smallpox. Before the time of Lister he was not responsible for an infection. Before the time of Virchow he was not responsible for not recognizing the many pathologic changes with which he is now familiar. But the researches of the master spirits of our profession have at the present time placed medicine on a plane so high, that he is fairly lost in the maze of knowledge emanating from their labors.

Recognizing the fact that one mind can not possibly comprehend and become familiar with the whole of the science and art of medicine, physicians

began devoting themselves to particular fields of it. Thus began the different specialties as we know them to-day. It is the hope of the writer to show in this paper the relations that should exist between the general practitioner and the specialist, and to what extent the general practitioner should carry the responsibility of his cases before he turns them over to the specialist. That a line more or less arbitrary will be drawn between these respective fields of medicine is the belief of the writer, and that some day it will have a medico-legal aspect is also his belief. What then is the area within which the general practitioner should confine himself? At present this line is bounded simply by the dictates of his conscience. Let us hope that this conscience may ever be quickened by the spirit of the true physician. I will endeavor to name a few of the responsi-

President's address before The Union District Medical Association, Liberty, Ind., Oct. 27, 1905.

bilities which the general practitioner may take upon himself. In surgery there are several operations with which he should familiarize himself. It is of course understood that he should have a working knowledge of surgical diagnosis, and understand his anatomy. Then why should he not operate a strangulated hernia rather than subject his patient to the danger of necrosis of the part due to the hours it would take for the arrival of the surgeon. Tracheotomy is another operation which the general practitioner should master. Many a child may be saved by the prompt introduction of the tube which would die ere the surgeon could arrive upon the scene. All of the amputations should be familiar to him, and neither should he hesitate to cut down upon a deceased bone for the relief of an acute infectious osteomyelitis. It is in the elective cases, however, that the general practitioner should pause where time is not a consideration. The inestimable value of the trained senses and reason, the acuity of eye, ear and touch acquired by the specialist should at once appeal to the conscience of the general practitioner. There are in diseases of the eye two affections for which the general practitioner should ever be on the alert, namely, iritis and acute glaucoma. The early and proper treatment of each means so much to the patient that he may well hold the physician responsible who by mistake should treat him primarily for neuralgia.

In the field of gynecology the general practitioner should learn to repair the perineum or lacerated cervix and the proper employment of curettage and do it as efficiently as the most skilled specialist. So many women deserv- ing of this surgical aid can not af-

ford the expense of a trip to the district hospital, and they should not be denied the benefits to be derived from these operations.

In the field of therapeutics it is needless to say that diagnosis is the first essential to proper therapy. Robert says, "It is a bad habit to make no diagnosis and lay stress on symptoms only." A wiser course is to come to a conclusion. A tentative diagnosis, and watch with constant acuteness developing symptoms. The doctor who makes no diagnosis in his own mind is more apt to be slovenly in his daily examinations than he who has an opinion that he must confirm or refute. The former method conduces to routine, the latter to progressive enlightenment. Be this as it may, no physician is justified in administering a drug to his patient without physiologic reason, and unless he can decide upon which particular function is in need of his aid, he should withhold his drug. The advent of preparatory medicine into the field of therapeutics and to a certain extent the manufacturing chemist with his list of synthetic products have worked much harm in the line of true and reasonable therapeutics. With his shelves filled with these the physician is all too likely to stray from the teaching of that book of all books, which our own Dr. Dan Millikin has so fittingly named "The Doctor's Bible," namely, the U. S. Dispensary. The fads and isms which abound in our country to-day are built largely on the failures of the general practitioner. What then is the solution of this problem? How shall general medicine redeem herself from some of the pitts into which she has fallen? By following the advice given in the tons of literature scattered broadcast over the land? By these

compounders of drugs, syrups and elixirs? Most assuredly not. Let us have a system of drugs based on a true physiology or none. There is, however, a beacon light which may guide the weary doctor to a port of comparative safety. I refer to the postgraduate schools which are each year growing stronger and adding much to the prestige of those who come within their fold. Here he may watch the work of the specialist and form a very good idea of where his work shall end and that of the specialist begin. In fact, it is here that their true relations must be conceived. It is here if he will, that the general practitioner may weigh himself and find that which is wanting. There is, however, in this connection a matter of which as a general practitioner. I would speak, namely, the lack of a chair in these schools devoted entirely to therapeutics. If such a chair were instituted we would not hear physicians speaking of how they cure their cases. "Curing" is a term which should be given entirely to the quacks and manufacturers of proprietary medicines. The physicians of the future will speak of their method of managing their cases; curing will be left to the charlatan. That therapy has for the past twenty years been a neglected art we have abundant evidence. We have been lost in the researches of the pathologist, physiologist, bacteriologist and pharmacologist. Never before has the physician felt the need of a substantial therapy based on the researches of the aforementioned branches, and he who learns first to apply this teaching will ever feel the gingle of that "Which helps the hurt that honor feels." Let us then work together ever progressing, ever advancing our goal, that which endureth and is always strong—truth. Let us hope

that over the grave of every member of the Union District Medical Association may be written in truth these words of the Apostle Paul, "I have fought a good fight. I have finished my course. I have kept the faith."—*Cent. States Monitor*.

### Physicians' Accounts—Collectible and Otherwise, Etc.

(By A. S. Grady, Attorney-at-Law, Mount Olive, N. C.)

Necessarily waiting until the eleventh hour to commence what I have been expected to write will result in a more brief article than I would have written, and will also cause what I write to be less comprehensive than if more time had been taken in the preparation of it.

To take up the subject in a somewhat reverse order, and discuss first the collection and collectibility of physicians' accounts against the estates of decedents, I could not do better than quote the North Carolina statute fixing the order of payment of the debts of a decedent by the administrator or executor, in the settlement of the estate. This statute is found in the code of 1883, as Section 1416, and is Section 887 of the revisal of 1905, and divides the debts, and the order of their payment, into seven (7) classes, either class being subject to all the preceding classes and also taking priority over all lower classes. The physicians' account comes within the sixth (6) class of debts in the following words, and in concluding the debts under that class, viz: "For medical services within the twelve months preceding the decease."

And it might be interesting to note here that the seventh and last class of debts, immediately following the words quoted above, is, "All other debts and demands."



I mention this to show that in the settlement of an estate in which there is not a sufficiency of assets to satisfy in full all the valid claims which may be filed against the deceased, in the order of their payment required by law, one of the last claims the executor or administrator has to consider is the account of the doctor for medical services rendered to the deceased within twelve months preceding his death.

In the 131 North Carolina Supreme Court Reports, at page 227, is reported the case of Dr. Julian M. Baker against N. B. Dawson, administrator of S. P. Jenkins, tried before Judge Henry R. Bryan, at the spring term of the Superior Court of Edgecombe County. This case will interest almost every physician in North Carolina, and in connection with the statute above referred to, I will take the liberty to quote here most of the opinion, which was written by Associate Justice Walter Clark, now Chief Justice of the North Carolina Supreme Court.

To quote, the following facts are admitted: "The plaintiff, a physician, rendered medical services within twelve months just prior to the intestate's death, as follows: (1) to intestate personally, \$——; (2) services to intestate's wife and child, \$——; (3) to tenants of intestate, \$——. The plaintiff seeks to have all of the above adjudged to be preferred debts under the code, Sec. 1416, which places among the sixth class of preferred debts 'medical services within the twelve months preceding the decease.' This language, however, contemplates only services rendered to the deceased personally, for the indebtedness is given priority if rendered twelve months prior to his decease, and not within twelve months prior to decease

of his wife, his child, or his tenant.. As to them, the physician rendered the services like any other creditor, relying upon the credit of the person requesting the services, that he will pay or can be made to pay.

"It must be noted that there is no priority even for medical services rendered the deceased personally, unless he dies. In all other cases, the physician's bill is like any other debt. If the physician wishes to secure such debts, he must exact security or proceed to collect by law. When the patient is in his last illness, this might be inconvenient or indecent, and as such illness might extend to twelve months, the law endeavours to secure for the patient medical attention by giving a legal priority for such services, if rendered to the patient within twelve months preceding his decease. But such reason does not apply to services rendered his wife and children, as to which the physician has extended credit, relying upon the father or husband or landlord himself paying the debt incurred. There are no words extending the meaning to such debts other than personal services to the debtor, and the language of the statute is restrictive—'for medical services within twelve months prior to the decease,'—meaning the decease of the debtor, not of his wife, child or tenant.

"The statute being in derogation of the equity of a pro rata distribution, should be strictly construed so as not to confer a priority over other creditors unless clearly called for. \* \* \* \* \*

"The defendant did not contest that the first debt above stated for medical services rendered deceased himself was a preferred debt, and the judge rightly disallowed any priority as to medical services rendered the tenants of the de-

ceased, but erred in rendering judgment therefor to be paid pro rata with other debts of the intestate, since it is not alleged nor proved nor admitted that the services were rendered to the tenants at the request of the intestate and without this the landlord is not liable for such services.

"The judge also erred in adjudging that the bill for medical services rendered the wife and child of the deceased was a preferred debt. He should have rendered judgment for the amount thereof to be paid pro rata with the other unpreferred indebtedness of the defendant's intestate."

So much for claims against decedent's estates. But let us now look at the accounts of physicians from the standpoint of their collectibility under all ordinary circumstances.

In the case of *Baker vs. Dawson*, cited and quoted from above, Justice Clark said, "In all other cases, the physicians' bill is like any other debt." Now I deem it unnecessary to discuss here the character and nature of such debts or claims as have been reduced to writing in the form of promissory notes, or otherwise, and secured by chattel mortgage or mortgage deed, or by the endorsement of a solvent endorser, or otherwise secured, and about which there should be no serious question as to their collectibility; but it might be well to take up and look into the nature of such claims or debts as are merely in the form of what is generally known as open accounts, or, in other words, running accounts, showing proper items of debit and credit. And any form of keeping these accounts, as they are generally kept, would be held sufficient and valid if it showed the true and correct items of charges and credits.

Where the debtor might refuse to pay, and an action had to be resorted to enforce payment, the account could be collected in such cases only as those in which the account (1) is not disputed, or can be proven; (2) not barred by the statute of limitations, and (3) the debtor is solvent.

To entitle the claimant to a judgment, where the court has jurisdiction, he must show the amount of the debt or account to the satisfaction of the court, either by the preponderance of the evidence or the account must not be disputed by the debtor.

The cause of action is not barred by the statute of limitations if the debt was contracted or the services rendered within three years preceding the commencement of the action. Code of 1883, Sec. 155; Revisal of 1905, Sec. 395, Sub-sec. 1.

And it might be well to quote here in full Sec. 160, of the Code of 1883, now Sec. 376 of the Revisal of 1905, which reads as follows: "In an action brought to recover a balance due upon a mutual, open and current account, where there have been reciprocal demands between the parties, the cause of action shall be deemed to have accrued from the time of the latest item proved in the account on either side."

I might mention here, therefore, also, that an account could have been running between the parties for ten or fifteen years and still not be barred by the statute of limitations for the reason that some, or even one, of the items thereof should be within three years prior to the issuing of the summons.

By the solvency of the debtor, which I have mentioned above, I mean that he must in his own name own property sufficient, over and above the home-

stead and exemptions, out of which the judgment can be satisfied by issuing execution thereon.

The property of a judgment debtor exempt from sale under an execution is (1) personal property to the value of five hundred dollars, and (2) real estate (land) to the value of one thousand dollars, both of which—personal property exemption and homestead—are defined in Sections 1 and 2 respectively, of Article 10, of the Constitution of North Carolina. And in this connection this entire article of the State Constitution might be read with interest.

Wherever the debtor might be a married woman, out of whose property the creditor should seek to satisfy his judgment, if he succeed in obtaining one against her, I am reluctant to take up the matter, for this opens up such a vast field for discussion that the subject would thereby become inexhaustible.

And here I might also say a word with reference to the jurisdiction of the courts in which an action could be brought for the enforcement of the payment of an account.

Where the sum demanded, exclusive of interest, is two hundred dollars, or less, justices of the peace have exclusive original jurisdiction. And this is made so by the Constitution of North Carolina, Article 4, Section 27. But where, exclusive of interest, the sum demanded exceeds two hundred dollars, the action must be brought in the Superior Court, and shall be tried in the county in which the plaintiff or the defendant shall reside at the time of the commencement of the action.

Again reverting to the manner in which physicians' accounts should be kept in order that they would be ad-

missible as evidence to prove the debt, I have now before me no authority which I can cite to show that such accounts should be kept otherwise than as any other book account, with the proper entries of the true and just items correctly made.

Any fee that is reasonable for the service rendered, and is not exorbitant, would and should be held just and collectible.

As to who are physicians, in contemplation of the laws of North Carolina, and, as such, entitled to fees for their services, I can not better define them than quote Section 3,645 of the Revisal of 1905, which reads as follows: "If any person shall practice medicine or surgery in this State for fee or reward without first having obtained license from the board of examiners of the medical society of North Carolina, he shall not only not be entitled to sue for or recover before any court any medical bill for services rendered in the practice of medicine or surgery, or any of the branches thereof, but shall also be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than twenty-five dollars nor more than one hundred dollar, or imprisoned, at the discretion of the court, for each and every offence: Provided, that this section shall not be construed to apply to women who pursue the vocation of a midwife: And provided further, that this section shall not apply to any reputable physician or surgeon resident in a neighboring State coming into this State for consultation with a registered physician resident herein. But this proviso shall not apply to physicians resident in a neighboring State regularly practicing in this State: Provided, that this section shall not apply to physicians who

have a diploma from a regular medical college and were practicing medicine and surgery in this State prior to the seventh day of March, one thousand eight hundred and eighty-five."

This is Chapters 117 and 261 of the Laws of 1885, as amended by the Laws of 1889.

Section 3646, of the Revisal of 1905, reads: "If any person shall practice or attempt to practice medicine or surgery in this State without first having registered and obtained the certificate from the clerk of the superior court as required by law, he shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than twenty-five dollars nor more than one hundred dollars, or be imprisoned at the discretion of the court, for each and every offence: Provided, this section shall not apply to women pursuing the vocation of midwife, nor to reputable physicians or surgeons resident in a neighboring State coming into this State for consultation with a registered physician of this State."

Chapter 697, of the Laws of 1903, is entitled, "An Act to Define the Practice of Medicine and Surgery," and concludes with this: "Provided, this act shall not apply to any person who ministers to or cures the sick or suffering by prayer to Almighty God, without the use of any drug or material means."

I might here with interest refer to the case of the State against Andrew C. Biggs, reported in the 133 North Carolina Supreme Court Reports, page 729, in the opinion of which is cited the case of Harry P. McKnight, reported in the 131 N. C. Reports, at page 717. These were indictments for practicing medicine without license, etc.

Section 31, of Chapter 588, Laws of 1905, (the Revenue and Machinery Act) reads: "On each and every practicing lawyer, practicing physician, dentist, oculist, photographer, optician, osteopath or any person practicing any professed art of healing for fee or reward, the sum of five dollars: Provided, that no city, town or county shall levy any additional license tax on lawyers, physicians, dentists."

And as to the incorporation of the State Medical Society, and as to its duties, powers, etc., I might refer to Chapter 258, Private Laws of 1858-9, as amended by Chapter 181, Laws of 1889; Chapters 90 and 420 of the Laws of 1891; Chapter 93 of the Laws of 1899, and perhaps also other amendatory acts, all of which will be collated and consolidated, and published in volume II, of the Revisal of 1905, which is not yet out.

### Types of Modern Doctors.

(By H. A. Royster, B.A., M.D., Raleigh, N.C.)

After mature deliberation, I have decided to depart from the form of presidential address usually delivered to medical societies. My distinguished predecessors, in their turns (as is the custom), expressed wise opinions and made helpful suggestions and recommendations for the good of this association. I do not feel myself competent to follow in their footsteps and shall not essay such a task. My course is, therefore, made plain. Happily there is no present need for advice concerning the well-being of this organization. The Tri-State Medical Association of the Carolinas and Virginia has firmly established itself; it has proved its reason for existing, and it will continue to



grow and prosper. If at first there was some show of opposition and indifference, it has long since quietly deliquesced and evaporated. There can be no question as to the demand for such societies as this, meeting, as it does, in the interval between the sessions of the respective State associations' and bringing together for mutual benefit "those of like faith and order."

For sufficient reasons then, I hope you will pardon me for making a departure from the traditional usage and refraining from even the slightest reference to the machinery of our organization. You will also bear with me, I beg, while I present to you the subject which I have chosen for this occasion, viz.: "Types of Modern Doctors."

My purpose is to ask your attention to a brief description of various kinds of physicians which we commonly see, to review their characteristics and to learn lessons from them.

It has often occurred to me that perhaps we do not submit ourselves, as frequently as we ought, to a thorough self-examination. Many of us would at times certainly fail to pass. Rigid self-inspection is the surest method of keeping sound, whether in theology or in medicine, and it can but be to our advantage to overhaul ourselves now and then and find out what we really are. Every human being has some dominant characteristic, moral or mental, which controls him. Beyond the influence of this he may not, or does not, go. Sets of men may be grouped together, representing these individual attributes. In like manner, I take it, members of the medical profession can be classified according to the motives and forces which control them, so that in regard to any physician one might justly ask:

What kind of a doctor is he? What does he stand for? What is he striving to attain? From a large number which naturally suggest themselves, I have picked out a few types of medical men which I shall present, not, as may appear, in a spirit of cynical criticism, but with a loyal desire to bring out the truthful picture. Some of the qualities to be discussed, while apparently objectionable, are traits of a fine character and it is only when they constitute the controlling element that they become unworthy and unlovely.

I. THE POLITICAL DOCTOR.—At all times and in all places men must meet and decide public problems. Each individual has his proportion of responsibility. The man of medicine is no exception to this statement, for he holds a peculiarly important position with regard to the people. Indeed, I have always maintained that a doctor's place is, in a broad way, to educate and to enlighten, and, that he largely neglects this obligation. Not often do physicians receive that public recognition to which their honorable services entitle them. And this is due largely to the faults of the physicians themselves, who so frequently fail to perform their civic functions. Every member of the medical profession should strive every day to make himself a better doctor: it is also his duty to be a good citizen. That means being interested in and working for everything that tends toward the moral, social and commercial upbuilding of his community. It is a part of the physician's role in life to be of as well as in the body politic, to be useful as a man and to take his share of responsibility in public relations. No class in any community is more honorable, more intelligent, more upright, more respected than the doctors. Let

them always exercise their great influence wisely and well.

To attain such beneficent ends many physicians have entered the field of practical politics. There is room for such men, sacrificing much for the good of their fellows. This is their way of life and it is as worthy as the special duties of their vocation, as honorable as it is legitimate. The political bee, however, may buzz too long and loud for some and thence may come their undoing. Only upon the conviction that he has a high public commission to perform, is the physician justified in going the political paces. Osler, indeed, deprecates the immolation of good men in this way, and says: "Politics has been the ruin of many country doctors, and often of the very best, of just such a fellow of whom I have been speaking. He is popular, he has a little money, and he, if anybody, can save the party! When the committee leaves you take the offer under consideration, and if in the 10 or 12 years you have kept on intimate terms with those friends of your student days, Montaigne and Plutarch, you will know what answer to return." But the doctor in politics is one thing and politics in the doctor is another. The one is all right; the other, all wrong. No character is more reprehensible than the medical politician, meaning the doctor who employs the tricks of the ward healer's trade in his professional career.

A taste for this sort of thing once formed grows and develops into a fixed habit, or a passion. Your type of this class is the one who makes friends merely for what they can do for him; who, possessing neither merit nor ability, strives to attain his aim by "pull;" who is "all things to all men that some might" vote for him, and applies for all

positions of preferment in sight and gains and holds them by putting the men in control under obligations to him through personal favors; who, if he is interested in medical societies, becomes a candidate for each office in turn and endeavors always to create a machine and fix up the slate for his own glory and to use such organizations for the sole purpose of advertising himself. What marvelous prowess gone wrong! What great force prostituted to ignoble fulfillment! If one could only corner such a man and reform him, that is, literally make him over and get the twist out of his moral fibre, this would be a happier world and the good, instead of the wicked, would flourish as the green bay tree.

2. THE BUSINESS DOCTOR.—Of a part with the foregoing and inevitably linked together with it, is this second type; for politics is a business and business is frequently a matter of politics. Here, too, the true and false are interwoven. "The Doctor as a Business Man," has served as a title for a multitude of discourses before societies and in the journals and no one can doubt the necessity of calling more and more attention to this subject. The great majority of physicians everywhere are neglectful of their financial interests. If we are to keep abreast of the progress of medical science and give our patients the most effective service, it behooves us to inject into our work systematic business methods, which should be conducted on a plane as high as our ethical standards of deportment.

Further, I assert that the physician is doing wrong to himself, to his brothers in the profession and to the public when he fails to collect his accounts promptly and to demand of his patrons full but reasonable payment for ser-

vices rendered. "The laborer is worthy of his hire."

But there is another aspect to this question. A virtue run to seed may constitute a vice. The word "business" has come to have a sinister meaning, expressing the intention to get all you can at any cost, and often one of the last things said of a person is that he is a good "business man." When such phrases are employed in reference to a physician, they appear as an effort to account for an apparently successful career on other than professional grounds. Sordid commercialism has no place in this profession of ours. The doctor first, then the dollar; medicine before money.

I have before me the picture of a man who is a competent and faithful physician; who serves incessantly night and day a large and increasing clientele; who, as the world sees it, is a most successful doctor. Yet, that man breathes and lives in an atmosphere of money; he measures everything on a financial plan; he is miserable each night when he has not cleared a good per cent. of gain on the day's work and is correspondingly elated if the reverse is true. This individual represents a degeneration. Prosperity has been disastrous to the scientific side of his life; he has time neither for reflection, study nor growth. The desire for money has been not of his life a part, but his whole existence. What could this doctor not achieve if he should turn this stream of commercial capacity, this tremendous tide of physical and mental energy solely into actual medical channels? If science instead of shekels ruled the lives of such men, there would be more fame and less fraud in our ranks.

Let us, therefore, strongly urge that the physician shall carry business prin-

ciples into his profession; let us just as ardently contend that he should not make a business of his profession. Leaving out all of your sentiment, medicine is not a trade. Some who are infected with the commercial taint of our age are inclined to wink at these tightly drawn lines. I do not know how I could better close this paragraph than by quoting from a layman, President Faunce of Brown University, who, in an address before the Rhode Island Medical Society, puts these distinctions in an admirable way. He says: "In two respects the medical profession deserves the grateful recognition and regard of all other callings in modern life. It has always insisted that the practice of medicine is a profession and not a trade. Trade is occupation for livelihood; profession is occupation for the service of the world. Trade is occupation for joy of the result; profession is occupation for joy in process. Trade is occupation where anybody may enter; profession is occupation where only those who are prepared may enter. Trade is occupation taken up temporarily, until something better offers; profession is occupation with which one is identified for life. Trade makes one the rival of every other trader; profession makes one the co-operator with all his colleagues. Trade knows only the ethics of success; profession is bound by lasting ties of sacred honor."

3. THE SOCIAL DOCTOR.—Constituting a less distinctive species and perhaps more perplexing to classify, the third type of our series will offer greater difficulties for our consideration. I have called it the "Social Doctor," but I do so for want of a better name, since that term does not precisely convey the meaning. It is a well known

fact that our profession stands always for those things which go to uplift the tone of the community. Physicians are always found on the side of humanity, good government, progress. While the mere study and practice of medicine do not carry with them the entree to high social position, yet the tendencies of the medical life are to elevate the standards of its devotees and to refine those who faithfully follow its precepts. Inspiration toward correct principles of living comes as a natural result. It is expected at all times that the doctor shall be sociable, agreeable and companionable. More than this, he is even privileged to go out of his way to make friends for the benevolent purpose of combatting ignorance. Overlooking the foibles of fools and showing fellow men the right road are only different attitudes of friendliness. Highly commendable are efforts to reach out for and to associate with people of all classes and conditions, for thereby is accomplished the greatest good to the greatest number and, if a humane sympathypathy pervade such endeavors, nothing short of a divine impulse could be more desirable.

Yet, making friends is sometimes a dangerous business. One may wake up some fine morning and discover that not all who appeared friendly have the stamp of the genuine article. To the physician, especially, there may come embarrassment and disillusion, unless he be grounded in the faith; for you have found out that your best friends will desert you on the merest whim, while your enemies will seek your skill when they want it. The only reason for the existence of any doctor is for what he knows and for what he can do with his knowledge. But the laity rarely judge correctly of a physician's at-

tainments, and hence arise the credulity games often practiced under the guise of friendship. A sound principle is to make friends of your patients, but not necessarily patients of your friends.

In a recent letter Robert T. Morris thus expresses a somewhat similar thought: "To-day some of us do not care whether we part as friends or as enemies, so long as we get the patients well. We are interested in the physiology rather than the psychology of our patients. There is gratitude and friendliness of the right sort, and we all enjoy it. There is so much gratitude and friendliness that is morbid, or that has a string to it, that a good, healthy kick is more healthful and refreshing. Is there a doctor who will deny this statement?"

Why should a man who is your friend consult you because of that friendship unless he believes you capable and honest? Would you, or could you, do more for him than for any other human being who sought your advice? If so, then you are not worthy of his confidence and do not measure up to his estimate of you. There are too many false standards to be set up here and those who demand patronage for social reasons alone will be constantly squirming to extricate themselves from the hot and muddy water of a confused responsibility.

There is a spurious type of the class under discussion, viz: The so-called "society" doctor. He is peculiarly culpable in that he represents all that is cheap and unattractive in a physician's life, many times to the utter stifling of real ability. He is a product of environment, however, and is a bright example of how patients ruin good doctors as well as how doctors spoil their patients. The "boudoir"



kind, a variety of this type, is an equal offender, but he is really harmless, being equipped with nothing beyond a polite address and aromatic spirits of ammonia.

4. THE "NEAR" QUACK DOCTOR.—Under this heading there looms up the vision of three common types which are appropriately considered together. Examples of this sort assume, whether unconsciously or not, the ways of the charlatan, and thus bring reproach upon the profession. The laity soon recognize the methods practiced by such men; and while some people are pleased and flattered, the majority in the long run become disgusted. Wholesale and irrational criticism is not to be heaped upon those who are inclined to indulge in these faults, for they gradually fall into them and, for the most part, are unaware of the decadence.

The first of these types is (a) The Alarmist. He is ubiquitous. He is the one who finds in every follicular tonsillitis a case of diphtheria; who denominates as appendicitis each attack of pain in the abdomen; who immediately pronounces as lues all primary lesions on the genitals, and who looks upon every sore throat and cough as tuberculosis. All of which would be very well, for it is the doctor's business to be on guard and watch for the worst, if the alarmist did not take undue credit to themselves for curing what never existed and pose as doing things which others could not do. One is constantly uncertain whether to attribute practices of this kind to ignorance or to charlatanism.

Favorite fashions are these: to say that each case of a certain disease is the severest ever known—and some doctors' patients are always at the

point of death till their medicine has put in its work; to tell patient after patient that they have "heart trouble," "kidney trouble" or "liver trouble," when there is no organic affection of these organs—in fact, when no diagnosis whatever is made; to assert positively, when there is a successful result that if he had not been sent for sooner the patient would surely have died, or, in the event of a fatal issue, that he should have been called sooner. The fascinating habit of exaggeration is the underlying cause and the only remedy is that we shall be eternally honest with ourselves, no matter how necessary it may seem to deceive our patients. Far be it from me to discredit the sounding of an alarm when danger is present; perhaps it were better thus than to fail to suspect approaching peril. But let us have the unalloyed substance and not a counterfeit; let us not, even once, cry "wolf" when there is no wolf.

Running a close second to the alarmist is the type which I have elected to dub (b) "The Enthusiast." By this is implied the physician who is an exponent, not of the natural, but of the artificial kind of enthusiasm—trumped up for the occasion, running off at a tangent, unbridled. It is harmful in the extreme to doctor and to patient, strictly opposed to scientific principles and savors of the nostrum vendors who extol their wares as cure-alls on insufficient evidence. The calm enthusiasm of the seeker after knowledge is one of the most excellent qualities with which the physician can be endowed. The energy that directs one to learn for learning's sake is commendable beyond emphasis and the zeal which irresistibly carries one onward and upward in exercising all one's attainments

is admirable. Such guiding attributes enable their possessor to truly appreciate the beauties of the medical life both in its theory and in its practice. Every now and then, however, are found specimens of misdirected enthusiasm—the sort that vitiates. Even good men, solid and capable doctors, are not seldom drawn into careless ways by the post-hoc-ergo-propter-hoc habit and running wild over certain modes of treatment which in their hands have been valuable. The ordinary enthusiast, as I have seen him, exhibits a profound, overweening belief in the power of himself and his remedial agents; he is ready to pick up any new suggestion and cry it to the skies as the “finest thing out,” only to drop it and go to another newer one on the slightest pretext; he puts every measure to one test, the empirical, always neglects the personal equation and never for an instant credits the healing force of nature. The worst feature, whether in research and theory or in the realm of therapeutics, is to be dominated by an idea so that it gains hold of the innermost judgment and absolutely sways the being. The open mind and the golden mean are here the laws of action and this motto should pilot us: “Be not the first by whom the new is tried,  
Nor yet the last to lay the old aside.”

A real flavor of the quack is seen in our third subdivision, viz.: (c) The “All 'Round Specialist.” He it is who combines the worst elements of all the other types. It is recently come to be a fad—this all 'round specialism—and some, who would scorn the thought of being a general practitioner, are pretending to be experts in several branches of the medical art—nose and throat, internal medicine, gynecology,

etc. There could be but one reason for such assumption, and that is the longing for larger revenue. By no process of deduction can it be shown that this pretension enables a physician to be of greater service to the community or fits him better to perform the duties of his profession. The general practitioner is the keystone of the medical arch, for it is his strength and support which maintain all the workers in the field. Of what use are specialists unless the practitioner knows when they are needed? And how could patients get the benefit from consultations unless referred by their own physicians? So, it is but a truism to state that the practitioner must possess a wide range of knowledge, which is required to be spread out thinly over large areas, and that he must compass within his jurisdiction something about “all the ills which flesh is heir to.” There is no more crying need today than the presence in larger numbers of such good men and true in our small towns and country districts. Places are waiting for them to fill and so fast, indeed, has been the rush towards specializing that the general practitioner finds himself now to be really a specialist. But in this evolution he is bound by the laws governing the regular specialists and he is not, without injury to himself and others, to overstep his limitations. Further, he can not afford to tarnish his record and soil his honest work by seeming rather than being. Should the practitioner have a special liking for one particular branch of the profession he may properly develop it to immense advantage, but this is no call to leave the fundamentals and raise deceptive flags on the ramparts. Actually, this taint is getting into the literature and publishing houses are

sending out books for the "all 'round specialist." The very phrase is an abomination and its spirit a sham. One who ventures to claim this prerogative might be admonished in the words of the song:

"When pie is passed by fate,  
Not to trouble invite  
By taking a bite  
You cannot masticate."

5. **THE BUSY DOCTOR.**—It has been facetiously said that a young physician should always appear to be doing something, especially when he is doing nothing. The ambition to be a "busy doctor" has handicapped many a man at the outset of the race. A young doctor with this notion plunges in and soon is so busy making a living that he has no time for reading or reflection, for progress or production, with the result that after some years he finds himself prospering materially but retrograding professionally. Instead of counting the number of daily visits made and ascertaining the net income from each, it would be infinitely more edifying to record notes of the various cases and to apply this experience to others which may afterward appear.

The "busy doctor" in his most pitiable form is illustrated by the one who has become so engrossed in his "business" that he knows but one book, lives in but one town and uses but one set of prescriptions. Such a man may be supremely happy and eminently faithful; but how can he justify this veritable neglect of his patrons? He is, forsooth, so assiduous in attending to sick people that he has no opportunity to learn how to do it better, to compare his work with others or to change his ideas of treatment. How busy—and how narrow! The value of the medical society in curing such complaints is

far-reaching. And especially is this true of meetings like this where doctors from different, though allied States come together annually to discuss problems growing out of their own work.

6. **THE SYMPTOM DOCTOR.**—The sad state of the "symptom doctor" shall have but a passing reference, though it deserves a volume. As a general rule, more mistakes in medical practice are made from carelessness than from ignorance. The failure to examine their patients is the most flagrant fault of doctors. But the physician who habitually and exclusively treats symptoms pleads guilty to both sins, for he is careless in observation and ignorant of pathology. And after all, the chiefest difference between physicians is in the amount of pathology they know. Pathology is the heart of the medical body; omitting that, one has not mastered the science of medicine. On this very rock occurs the largest number of wrecks from which emerge the symptom doctors. It is perfectly understood that we all have occasion to treat symptoms and to relieve suffering wherever found; we are even compelled many times to do this and nothing else in cases of obscure etiology, but the sane and careful physician endeavors to ferret out the causes and to study the pathological changes as the only rational basis of treatment. Not so with the so-called symptom doctor. He is not pestered by matters of etiology, pathology or diagnosis; physical signs to him are unknown quantities, and symptoms, not the surface markings of disease, but merely things for which he can write another prescription.

I have heard a physician boast that it was of no use to make a diagnosis, that most patients would get well anyway, and that by relieving symptoms

and "assisting nature" he obtained results as good as those of others. If he would only stop at "assisting nature" and do nothing more! A hopeless undertaking it would be to initiate this man into the inner council of the medical guild. He gives the coal tars for headaches and fever, morphine for most other pains, pepsin for indigestion and purgatives when in doubt—and so at times do all physicians; but these and other remedial agents are never to be administered without a clear idea of the pathological conditions present or, at least, a thorough physical exploration of the patient. How many doctors can give a well-grounded reason for every dose of their physic taken? There can be no proper treatment without a diagnosis, and no diagnosis except through a knowledge of pathology. Pathology is the thing.

7. THE IDEAL DOCTOR.—Finally, I have an ideal for the physician. I would have him a man whose character is fine and strong, for above all it is character that counts; whose intellect is keen, capable of making what is best out of itself; whose judgment places him steadfastly on the unswerving ground of truth and honor, always directing him to seek that which is best and highest, and yet nimble enough to keep him away from unalterable opinions and pet fancies; whose love for his profession is so deep as never for one moment to let him forget her glorious precepts and whose devotion to his science makes him ever a disciple of learning and culture.

Our physician shall be enough of a politician to exercise tact and to be of much account in the world; enough of a business man to collect his bills and save his earnings; social enough to be of the greatest service to all mankind;

enough of an alarmist to give warning of real danger; enough of an enthusiast to take the most alert interest in his work; enough of an all 'round specialist to be prepared for whatever he may meet; busy enough to do his full duty; enough of a symptom doctor to relieve suffering—permanently if he can, temporarily if he must. Sham and pretense are foreign to the soul of such a man. His feet are set in the path of the open day and his deeds are known and read of all men.

In conclusion, the whole matter may be summarized by the following nugget of wisdom from Chesterfield:

"The ambition of a silly fellow will be to have a fine equipage, a fine house, and fine clothes; things which anybody, that has as much money, may have as well as he, for they are all to be bought; but the ambition of a man of sense and honor is to be distinguished by a character and reputation of knowledge, truth and virtue—things which are not to be bought and that can only be acquired by a good head and a good heart."

### The Doctor as an Expert Witness.

(By D. B. Nicholson, Esq., of the Georgia Bar.)

In the preparation of this paper little claim is laid to originality. But, as the sources of information consulted are so easily accessible to every lawyer and every doctor, as well, it has not been deemed necessary to cite authorities specifically.

In giving definitions and laying down rules of law, the text of standard writers and the words of the courts themselves have been closely adhered to, for the reason that language as a vehicle for the conveyance of thought often breaks down, and the effort to re-



pair it with the material lying around loose in one's own mental workshop frequently turns out to be quite a botched job.

An expert has been graphically called "one who sees all sides of a subject," that is to say, he is a specialist, well versed in some one science, art or trade. Expert evidence is testimony in the form of an opinion, based upon facts concerning a matter involving scientific or technical knowledge or skill. During the earliest period of the English law it was unknown. Indeed in those times jurors reached their conclusions on all questions presented to them mainly from personal knowledge previously acquired, and the information they received from outside sources was obtained quite informally.

By degrees it became the practice to produce evidence in open court from the mouths of witnesses sworn to tell the truth. And as this custom grew, the right of the jury to rely on prior personal knowledge was curtailed and finally became extinct. However, this change in judicial procedure resulted at once in bringing expert witnesses before the jurors.

The opinions which were offered earliest appear to have been those of medical witnesses—the class with which this paper has to do. But at first these opinions were given to the court for its enlightenment (often much needed) and reached the jury, if at all, through the medium of the judge's charge. Thus as far back as 1353, in a case of mayhem at Southwark, after the justices were unable to determine for themselves on inspection whether or not the wound was mayhem, they summoned skilled surgeons from London "to inform the King and his court on this point." And in 1619 an eject-

ment case turned upon the legitimacy of a posthumous child, when the court ruled upon the testimony of "two doctors of physic" that "ten months may be said to be the time mulieribus pariendo constitutum," and decided the case in favor of the child born forty weeks after the death of the mother's husband. Later, cases occurred where evidence produced in open court was actually heard by the jury, and they passed on it for themselves.

As in the earliest stage of expert evidence, this practice seems to have had its beginning in the hearing of medical testimony. At a famous trial for witch craft in the year 1665, one Dr. Thomas Browne, who is described as a person of great knowledge, after reviewing the accused solemnly testified to the jury that he was clearly of the opinion that the persons "were bewitched."

Doubtless many a criminal of this day would be glad to have like testimony produced in his behalf, if it would avail him anything. But happily for society, witchcraft is one of the old superstitions which have lost their standing before the courts.

The general rule regarding the qualification of opinions as evidence. They want cold facts, as a rule; and even when opinions are admitted at all it is for the purpose of informing the jury concerning some fact. There are, however, many circumstances under which opinions must be admitted from necessity because no better evidence can be obtained; and this is perhaps oftener true of questions on which the doctor is called to testify than of any other field of judicial enquiry.

The general rule regarding the qualifications of expert witnesses is that persons having technical and peculiar

knowledge on certain subjects are permitted to give their opinions on questions upon which jurors are incompetent to form their own conclusions from the facts without the aid of such evidence. Many of these questions involve the technical knowledge and skill of the doctor, and he is often before the courts to testify concerning them.

The scope of enquiries in which jurors must be enlightened by the testimony of the physician covers a range of cases far too broad to be given in detail in the allotted space. A few examples must suffice. In cases of homicide the cause of the death is often a contested issue, and it is the province of the medical expert to give his opinion on this question. This he may do as the attending physician, from examination of the body, or upon hypothetical statements; and, where there are several concurrent causes, he may testify which predominated or operated to the exclusion of the others. So in cases of alleged rape he may give his opinion whether or not there was penetration, basing such opinion on examination or on hypothetical statements. He may testify on questions of etiology or the causes of diseases, and as to the percentage of recoveries from a given disease; to the effect of nervous shock or accident on a patient's physical or mental condition; to the causes and probable effects of wounds and injuries; to the effects of deleterious drugs; to the character of the instrument or weapon by which a wound or injury was inflicted, and upon a large number of other questions. But among the highest and most responsible duties that confront the medical expert witness is to determine and bear testi-

mony to the sanity or insanity of his fellow man.

The general rule on this important question is that a general practitioner of medicine is a competent witness concerning insanity, and a special study of that subject is not required. The rule in Mississippi and Maine seems to be that he must be a specialist on the subject, or at least the attending physician of the patient. Which is the better and safer rule the medical reader must be left to determine for himself.

This naturally brings us to the consideration of the requisite qualifications of the medical expert witness. As has been already stated, he must have "technical and peculiar knowledge" of his profession, but there is no fixed standard of the quantum of that knowledge. Indeed, from the very nature of the case there can not be. The average judge is not himself very learned in the sciences of medicine and surgery, and he has no means of ascertaining how much or how little the medical witness really knows about his profession. If he is in regular standing and is duly authorized to practice medicine, whether actually engaged in or not, in general he may testify as an expert; and the parties in interest are in large part at his mercy. This is not a fortunate rule, because it admits as competent witnesses the most stolidly ignorant pill-roller as well as the most learned members of the profession. But there seems to be no remedy for this, nor will there ever be till all doctors become infallible, and that will be after our time.

The function of the medical expert witness is an exalted and honorable or a degraded and despicable one, as he may bring to its exercise an intimate

knowledge of the question in hand coupled with that love of truth which knows no swerving, or swears ignorantly, carelessly, or worse still, corruptly.

There is no rule of evidence or of law which requires jurors to surrender their own beliefs and convictions and blindly follow the evidence of a medical expert or any other witness. Doctors have sometimes complained that this is true, and have seemed to discover a tendency on the part of the jury often to discredit their testimony. The enquiry is suggested why this is true. In giving a few reasons for this condition no reflection is meant upon the body of the medical profession; but it often becomes necessary to use plain words and to be very frank if the truth of a situation is to be reached. Not all the reasons lie at the door of the doctors themselves. This is true of the first to be mentioned.

The average juror has at least a fair estimate of himself and his own mental capacity—his opinions included. Hence he is unwilling to admit that a doctor or anybody else knows more than he does about the question pending. Again the mind of the ordinary juror has had very little scientific training, least of all in medicine.

The first reason for which the doctor himself is responsible is the tendency of so many of them to clothe their testimony in technical language. This being derived mainly from the Greek and Latin is about as intellegible to the jury as Cicero's oration against Cataline would be to an Eskimo.

In this connection the writer calls to mind a very amusing court incident of some years ago. A young physician was called to testify to the condition of a fellow who had been hurt in a

fight. He delivered himself about thus: "There were several abrasions in the region of the temple and a slight ecchymosis on the forearm." The examining attorney hinted that the jury might not know just what the doctor meant. Whereupon he speedily explained that there were bruises about the temple and the ecchymosis was an extravasation of the blood between the cutis vera and the tissue of the flexor longus pollicis muscle. Of course the jury were fully enlightened and believed every word the doctor said. Why shouldn't they?

Then doctors sometimes disagree very widely in their testimony on the same state of hypothetical facts. As high a judicial tribunal as the Supreme Court of the United States has declared that "experience has shown that opposite opinions of persons claiming to be experts may be obtained to any amount."

Unfortunate as this must be in any enquiry, it is lamentable when the question concerns health or life or sanity, or any other investigation dependent for its solution on the testimony of physicians. A case in point, not down in the books, involving the practical question whether a certain mill-pond was the source of the malaria (if the doctors haven't abolished malaria) which had produced an epidemic of fever, was tried some two or three decades past at a place not remote from the home of the Journal.

There was an array of medical expert witnesses on each side. Every doctor sworn testified in behalf of the side which had subpoenaed him. The champions of the pond lost out; and the medical profession did not gain any glory from that case.

A crude couplet runs:

"When the doctors disagree the patient dies;

When he doctors swear cross, somebody lies."

Sometimes it happens that although the doctor's testimony may be entirely true, it does not seem reasonable to the lay mind; and in such cases jurors are prone to think an effort is being made to deceive them, which they proceed to resent by the terms of their verdict. Illustrating this, a witness, who was a physician of great note—not to say fame—was once sworn in the hearing of the writer in a case in which a county was sued for injury to the plaintiff's health while he was confined as a prisoner in the county jail. It appeared from the uncontradicted evidence that the period of imprisonment embraced a spell of most severely cold weather of long duration, that the jail had no fire and no window panes or shutters, except the iron bars. The doctor sworn for the county testified that the cold endured by the plaintiff did not injure his health and could not have done it, but on the contrary it was beneficial to him. This may have been true; but it did not seem reasonable. That doctor has long since gone to his reward. Let us hope that his present surroundings are not too warm for comfort.

But the gravest reason why juries sometimes fail to give full credence to medical expert testimony lies in the weakness of human nature. As the law has its shysters so medicine has its doctors "for revenue only," who, alas, are willing to sell their evidence for a price—to betray their high and honorable calling for a few pieces of silver. Rare they may be, and surely are, but they do exist, and they set in large de-

gree the standard by which the profession is judged. It is charged that in the cities combinations often exist between certain corrupt lawyers and doctors of the same stripe for the purpose of making money out of personal injury damage suits. The doctor finds the victim of an accident and furnishes the expert testimony to order and the the dirty shyster does the rest. The spoils, they divide. The thought of the possibility of such nefarious practices is enough to cause every self-respecting lawyer and doctor blush for shame, and hang his head in sorrow and chagrin.

One other matter; the compensation of medical expert witnesses. This has been a perplexing question to the courts both as to measure and method of payment, and there is no uniform fixed rule on the subject. So far as American jurisdictions are concerned, however, it is practically settled that the compensation of experts can not usually be taxed in the bill of costs. This seems to leave the party bringing the expert into court liable for his compensation above the statutory *per diem* allowed to all witnesses.

In Georgia, the jurisdiction with which the writer is most familiar, witnesses for the State are not paid anything, unless they reside without the county in which the trial is held. Thus it often occurs that a Georgia doctor is called away from his practice for a succession of days as a witness in the criminal courts without any compensation whatever. This is a manifest hardship. But, in the present state of the law, it stands a wrong without a remedy—a thing which the law itself abhors.

The duty which confronts the doctor called to testify as an expert, is one of grave responsibility. He should ap-



proach it with the sole desire to know the whole truth of the question at issue, and, knowing, dare maintain it without fear or favor. Imbued with the sole ambition to illustrate the plain simple truth of the matter, he should hew to the line and let the chips fall where they may.

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**Random Notes on the Early Organization of the Medical Profession of North Carolina, with Recent Remarks as to Our Present Status.**

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"It is useless to argue this matter further. It is by the magic power of associated effort—the grand idea of the present age—that existing evils and errors in the profession can be most effectually eradicated, and hence the importance and necessity of these medical societies. It is to the unity of design, and concentration and power of action which association in a common cause gives, that all the arts, sciences and occupations of life are greatly indebted for the rapid strides they are making. It is giving a mighty impulse to the human intellect, as seen in the wonderful progress of the physical sciences, education, mechanics, commerce, agriculture, and the various benevolent and religious institutions of the country. It is by it your railroads are built, your banks are established, your laws are made and maintained; and the very government under which you live is but a result of associated effort—it is the lever of Archimedes

which our own injured but humane and beloved profession is to be elevated." —Dr. Will George Thomas in an "Address to the Physicians of North Carolina," issued in 1852, or 54 years since.

It has perhaps been truthfully said that most of human progress has been in the main in cyclical movement, and that an idea is advanced by a few enthusiasts in one generation, rushed to the forefront where for a time it receives much attention, later it passes off the rear of the stage unnoticed and is unceremoniously shuffled into oblivion where it quietly rests until rescued by some worker who delves beneath the superficial area where most of us are content to dig. That this axiom is as applicable to medical organization as to other forms of human endeavor does not admit of contradiction. Within the one hundred and thirty years of our national existence there have been apparently three distinct periods during which the members of the profession of medicine have shown a manifest disposition to cease their fruitless bickerings, come together, and work for the development of means and measures calculated to promote the betterment of the profession as a whole, to enlighten and educate public sentiment for the social and physical uplifting of society, and for itself, impress en masse upon the body politic those admirable qualities of head and heart for which individually the members of the profession are considered as justly entitled to the highest appreciation.

In the period of constitution making and organizing of the various affairs of the only recently detached colonies of Great Britain, there was a great tendency to organization along many lines

of human effort, and it was only natural that our profession finding itself in a way cut loose from the mother country and its medical institutions should essay the founding of medical schools and organizing itself into medical societies as well. Following the founding of the federal government in the closing years of the eighteenth century, there were organized some five or six medical colleges and about the same number of State medical societies. Notably among the societies were those of Massachusetts, New Jersey, New Hampshire, Connecticut, New York, and on December 1, 1800 in the city of Raleigh, N. C., was organized the original Medical Society of North Carolina with Richard Fenner, of Franklin, President; Nathaniel Loomis and John Claiborn, Vice-Presidents; Calvin Jones, of Raleigh, Corresponding Secretary, and Wm. B. Hill, of Raleigh, Recording Secretary, with Cargill Massenburg, of Wake County, Treasurer. James Webb, of Hillsboro; James John Pasteur and Janson Hand were elected Censors. So far as I am advised only two additional meetings of this society were held. At the meeting in Raleigh in 1902 Dr. Osborne, of New Bern, was elected President. While the records of this first State Medical Society are meagre indeed, yet the men composing it were among the first men professionally and socially in the State at that time, and there unquestionably was an impression made by their work for it was referred to in the State Medical Society in the year 1850 when Dr. James Webb, of Hillsboro, one of its original members, then a retired practitioner and a citizen of much prominence was elected an honorary member on motion of the then President Dr. Edmund Strudwick,

of Hillsboro. Dr. Strudwick delivered a beautiful valedictory address in which he said "Neither the apathy of friends, the cold neglect and deep injustice of legislation, nor pampered quackery and empiricism can stay its onward course. True medical science will, like the majestic oak, withstand the shock and storm of every opposition. It has been beautifully compared to a star, whose light, though now and then obscured by a passing cloud, will shine on forever and ever in the firmament of Heaven."

He also referred to the former organization of the State Medical Society and adjured his hearers to "see that we avoid its fate."

While the State Medical Society, of New Jersey had been organized in 1766, thus antedating the Declaration of American Independence at Mecklenburg by some nine years and that at Philadelphia by ten years, and several other State societies had been formed at later eras, yet the most decided impetus to medical organization was given by the American Medical Association in its promulgation of that most remarkable document, formerly known as The Code of Medical Ethics. This most valuable of professional productions remained for more than fifty years, without the dotting of the "i" or the crossing of a "t," the universally accepted concrete wisdom of the profession as to the conduct of medical gentlemen in their various relations to each other and to the conduct of medical gentlemen in their various relations to each other and to the public. That a time did come when the leaders of the profession wisely demanded its revisal is not strange—The Bible itself and the creeds of the great religious denomination have likewise been no

exceptions. The effect of the publication of the announcement of the organization of the national association along its broad and comprehensive lines coupled with scattering broadcast among physicians of the Code of Ethics was indeed stimulating and helpful, and the physicians of North Carolina who were members of the Legislature which met in Raleigh in 1848-9 discussed the situation and resolved that within themselves in association with the leaders of the Wake County profession, they would set in motion plans for the organization of the Medical Society of the State of North Carolina, a society to be allied with and in operation under the National Association such as was already in existence in several of the older States. After full discussion with the leading Raleigh physicians it was decided in February, 1849, to issue an address to the medical men of North Carolina urging the formation of a State Society and inviting a conference of the physicians of the State to that end in the City of Raleigh. Pursuant to this call April 16, 1849 there came together in Raleigh from seven counties outside of Wake, thirteen physicians, which, with the thirteen gentlemen of the Raleigh and Wake County profession made 26 in attendance at the organization. While the attendance outside of Wake was disappointing, almost nil, except for the legislative doctors, yet after mature deliberation those present organized the Medical Society of the State of North Carolina and Edmund Strudwick, President; Drs. Haywood, Johnson, Williamson and Thomas, Vice-Presidents; Wm. H. McKee, Secretary, and Wm. G. Hill, Treasurer. A two-days session was held during which the recently pro-

mulgated Code of Ethics of the American Medical Association was reported by a special committee on Ethics and was with the elimination of a single item unanimously adopted. As indicative of the very high-toned, and as we might say at this time, possibly ultra-ethical, sentiments of these first organizers of our State Society, in their conception of the proper conception of the courtesy due a brother practitioner it is of interest to note the single item of the Code of the A. M. A., which was objected to and eliminated. It read as follows:

"In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is but just that the fees accruing therefrom should be awarded the physician who officiates."

When I became a licensed physician in 1885, the transactions of the society published as an appendix the full text of the Code of Ethics of the A. M. A. as its own code; but I have been unable to discover when the expected article was ever formally admitted as it were to the consideration of the North Carolina doctors, and I am half inclined to believe that it never was, its appearance in the transactions at that time having come about in this way. In issuing the copy for the volume some secretary of the society, being unmindful of the very slight difference in the Code of our State Society and that of the A. M. A., the copy of the latter was unwittingly used. Once incorporated, it remained until the State Society at Hot Springs in 1903 (another half century period as between the 1800 and the 1849 organizations) again following the footsteps of the parent organization, adopted the revised code, the Principles and Practice

of Medical Ethics, as our rule and guide of professional faith and practice. From this first meeting in 1849 were appointed as delegates to the A. M. A. Drs. T. N. Cameron, N. J. Pittman and Johnston Jones. Of these Dr. Pittman attended the 1849 meeting in Boston two weeks after the organization meeting in Raleigh. His report to the State Society session of 1850 of his Boston trip, the great national leaders, and of the important measures discussed was a delightfully worded production for which he received the voted thanks of the society. At the 1850 meeting delegates from the newly organized county societies of Hyde, Beaufort, New Hanover, Edgecombe, Mecklenburg, Caswell, Piedmont, Orange, Granville, Nash and Franklin were present and after having the constitutions of their respective bodies examined were admitted as members.. Thus as was forcefully directed to our attention by President Knox in his admirable annual address at Hot Springs in 1903, the earliest organization of the present State Society rested as a basis on organized local societies and in re-organizing with a new constitution in that year (1903) we have been merely reverting to primal principles, or returning to the older plan. The Society meeting of 1850 showed itself fully alive to the public needs in advising and appointing a "committee to memorialize the next Legislature pass a general registration law of births, marriages and deaths in North Carolina," certainly a most praiseworthy suggestion especially when we recall that even at the present moment with all our professionally assumed up-to-dateness we still do not have a satisfactory record of such matters despite

the earnest efforts of some noble workers along the lines of public health.

The meeting of 1850 also increased the annual dues from \$3.00 to \$5.00 and appointed a committee "to report to the next annual meeting of the society on the propriety of establishing a medical college in this State." (This committee, without saying why, did not report for two years, and then advised adversely because it was feared the "best men of the profession would not give up their practices and come together in one place to teach medicine," because it was apprehended that anatomical material would not be provided for in sufficient quantity, because to graduate in North Carolina any but first-class physicians would be to foster what the committee felt "was a species of quackery." They also deprecated the establishing of unendowed colleges. The report was unanimously adopted. This report was strikingly similar to one presented by by a committee and adopted by the Asheville meeting of the State Society in 1891, the committee being composed of three young men (W. P. Beall, F. W. Brown and J. Howell Way) neither of whom were in the least degree familiar with the action of the society on the same matter forty years previously. But the society's sentiment has changed since then even, and to-day good work is being done in North Carolina schools of medicine by earnest capable workers.)

The meeting of 1850 of the State Society also adopted a resolution urging Congress to "adopt measures to improve the condition of the medical army of the Navy and Army service," also a resolution decrying the practice of some "physicians taking care of families at a stipulated price per annum."

The distinguished Dr. Chas. E. John-



son, of Raleigh, at this meeting discoursed at length upon "the vast difference in the radiating properties of the black and the white skins," an interesting expression of views upon a topic about which a distinguished army surgeon has recently published a valuable volume.

I refer to these matters as showing the men of the society then were active and fully alive to existing conditions in the profession in the State and in the nation as well. The work and the prestige of the Medical Society of North Carolina grew from year to year and additional county societies were reported. But this extension of growth and influence did not come without effort on the part of its loyal adherents. In 1852 a special committee, with Dr. Will George Thomas, of Edgecombe County as chairman, issued a "General Address to the Physicians of North Carolina," urging their duty to assist in the organization and enrollment of all the practitioners of regular medicine of the State and in the county societies. His forceful, vigorous words I have noted at the beginning of this article, and it may well be questioned if in the various and sundry dissertations, essays, orations, lectures, etc., the profession has listened to on this vital matter of organization in the past half dozen years, there have been uttered wiser words or sentences more replete with common sense and deep meaning than the eloquent phrases of one of the State's most gifted physicians of a half a century.

The society under such magnificent leadership continued to prosper and at the meeting in 1860, forty county societies were represented, but the horrible blighting influence of the Civil War swept over our fair land leaving

an impress which it has taken years to fully overcome. (A most interesting discussion was had at a meeting of 1856, when Dr. Warren referred to the collection by the State Comptroller the previous year of \$5,040 from special taxes on the incomes of professional men and estimated that one half of it came from the doctors. He estimated the average income of the doctor in North Carolina at that time as being not more than \$300, and the total number of practitioners in the State as about \$1,200. I believe it was Dr. Register, of Charlotte, the present honored president of the State Society, who some six years ago estimated the average-North Carolina doctor's professional income as being a little less than \$600.)

Our State Society has ever had an honored career enrolling in each generation the best of the men in the State's medical profession. Its influence upon proper legislation directed to elevating and maintaining the educational standards of the profession, in the matter of regulation of the various and sundry matters concerning the details of the public health, in every phase where the opportunity has offered has been one of which looking backward for the more than half a century, we may well be proud. But the greatest of its opportunities came for building down at the foundation stones of the profession's direct personal concerns did not fully come until the year 1903, when under the wise guidance of President Knox we were moored back to the old course, which the wisdom of our forefathers in medicine in this State essayed to follow, and which, with unerring eye, they saw was the way to develop the masses of the profession to the highest and the best of which they are capable. The

times were propitious for the changes then made. The necessity for making them was apparent to medical sociologists. For a fifth of a century we had gone along in a certain routine without gain in the membership or prestige of the State Medical Society. From 400 to 500 names on the rolls with half that number paid-up and in good standing had become the established apparent range of our membership. Throughout the length and breadth of our great state we had at all times the flower of the profession enrolled with few exceptions, but there were only about eight local medical societies. Something had to be done if we continued to measure up to the standard of our responsibilities. The changes were made making the local County Societies the unit of our State Society organization and the gateway to the State Society was placed at the door of the physician's home and guarded by his own neighbors and professional confreres. It has been a success. From eight local medical societies we have grown to more than ten times as many, the four hundred, which formerly represented a certain selection, oftentimes leaving out the very men who most needed contact with medical society effort, have expanded to twelve hundred. The transactions of 1905 have gone to more than 1,000 paid up members, and what is better than any increase of membership (though the fact is not to be despised that whereas we four years ago represented a third or only a fourth of the active profession of the State, we now represent three-fourths, if not four-fifths of the practicing physicians of North Carolina) there has been a most marked improvement in the social relations of the practicing physicians toward their local confreres. The ma-

jority of the County Societies meet monthly, a very few semi-monthly, some quarterly and one or two annually, or at irregular intervals—the work is not yet done—but the contact is helpful and invigorating both in bettering the men who meet thus and in helping to develop a higher standard for physicians among the laity at large. Beside the few hundred monthly meetings for scientific study in the past year. During the past three months more than thirty counties of the State have had an annual dinner or a banquet at which there has, if not a “feast of reason and a flow of soul,” been a development of the sentiment in the breast of the gentlemen present, that his neighbor doctors were after all pretty good fellows and men he was not ashamed to know as personal friends. But there is yet much work to be done. There always will be. The men who believe in the county societies must see to it that the members are not allowed to drift apart. Herein lies the secret of the future usefulness and power of the profession as an influence for good in public affairs.

With an honest recognition on the part of every physician of the great good accomplished by our organized professional interests itself, there should be at all times, with strong leaders for the State Society who believe in the organization and who are conscientious in their devotion to the best interests of the profession, the Medical Society of the State of North Carolina, with its component branches, there should be, I say, a fitting suggestiveness of resemblance to the eloquent Strudwick's “star, whose light, though now and then obscure by a passing cloud, will shine on forever and forever in the firmament of Heaven.” So mote it be.

### **The Relation of the General Practitioner to the Board of Health.**

(By Richard H. Lewis, M. D., Secretary  
State Board of Health, Raleigh.

The management of the Carolina Medical Journal has requested the writer to prepare for their April issue a short paper on the subject set forth in the title above. Looking at it from the standpoint of the public health, there is no subject so important as this relationship, for in the last analysis success in the cause of preventive medicine depends, more than upon anything else, upon the active interest and co-operation of the general practitioner.

The relationship is of two kinds, legal and moral or professional. Under the law the State Board of Health is composed of nine members, of whom the State Medical Society, the organization representing the whole medical profession, elects four, which gives it a potent, though not controlling, influence. The other five members, appointed by the Governor, with the exception of the sanitary engineer, have always been physicians. Each county has an auxiliary board of health, composed of all the resident, registered physicians, which is subject to the call of the Chairman of the Board of County Commissioners should conditions become so grave as to render consultation with them desirable. The county sanitary committee, which is the unit in the sanitary organization of the State, and which, when not superseded, for the corporation, by the municipal board of health, is the real working body in sanitary effort, is composed of the board of county commissioners and two physicians. The executive officer of this body, the county superintendent of health, must be a physician. It is made his duty to see that the proper

precautions, in the way of quarantine and disinfection, are taken to prevent the spread of infectious diseases. In order to enable him to preform this duty practitioners are required, under penalty of a fine of not less than ten nor more than twenty-five dollars, to notify him within twenty-four hours, of the occurrence in their practice of such infectious diseases. In incorporated cities or towns the notice is to be given to the local health officer, or to the Mayor. Having received such notice these officials are required to see that proper precautions, in the way of quarantine and disinfection, are taken and to notify the school authorities, that they may assist in keeping the disease out of the schools.

From the above statement it appears that the physician is practically not in relation so much with the State Board of Health, whose powers are only advisory, as with his county, or city, board, and so by "Board of Health" in the title of this paper is meant the entire sanitary organization of the State, as a whole.

It is manifest that the bare performance, by every physician, of his duty, as specifically laid down in the law, which the Supreme Court has declared to be a "well-considered" law, would mean great things for health preservation. But no law, no matter how good in itself, is effective unless it has public opinion behind it. In this case the portion of the body politic whose opinion and support would be the most effective is the medical profession. And so at last the cause of hygiene depends chiefly for its success upon the attitude towards it of the general medical profession—which brings us to the moral and professional view of the subject.

The relation of the physician to his

patient is not an ordinary commercial one that can be measured in dollars and cents, but something much more intimate and personal. The patient puts himself in the hands of his doctor, entrusts his health and life to him, and any physician who fails to do his full duty by him or who takes advantage of him in the way of unnecessary charges is guilty of much more than the breaking of an ordinary commercial contract—he is guilty of a breach of trust. And in the case of the regularly employed family physician it is expected that he have an eye to the general welfare of the family from the medical point of view. He is the general medical advisor of the family and it is clearly his duty, not only to advise as to the cure of the cases of sickness occurring therein, but to give also such general advice as to sanitary precautions and the abatement of such unsanitary conditions as may be called for to prevent the occurrence of sickness in the well. For instance, a physician having a case of tuberculosis in a family, no matter how faithful he may be in the treatment of the patient, is not living up to the standard of his high calling if he does not give full and explicit instructions to the family as to the proper methods to prevent the communication of the disease to other members of it. All well informed physicians are, of course, familiar with the methods, but to assist the medical attendant and to save him trouble the State Board of Health has prepared a pamphlet on the prevention of consumption and has requested, in a letter sent with a copy to every physician in the State whose address was known, that he apply for copies for distribution in his infected families. Practically, every case of tuberculosis is

known to some doctor and he, of all others, is in a position to help the Board in its work by placing its literature with those who need it most. This is exactly a case in point and clearly illustrates the relation of the physician to the Board of Health. Cordial and active co-operation with the Board in its efforts to protect the people from disease on the part of the general practitioner would be of inestimable benefit to the people.

By this is meant not only the State board but also the county and municipal boards. Above all a hearty support of the local health officer in his work, which is often difficult and disagreeable, is to be desired.

In a word, and in conclusion, every member of the medical profession, which, when practised in the right spirit, is indeed a noble profession, is *ipso facto* in a sense a health officer to the families of his clientele and should work in concert with the health officer. *Noblesse oblige.*

### The Model Doctor from the Patient's Point of View.

(By Elizabeth M. Breazeale, Mt. Olive, N. C.)

It has long been an indisputable fact that inshrined in the heart of woman, there is a pedestal upon which she places the family doctor. And surely, is it not natural that her physician, holding the key of her physical secrets, and coming into close contact with her every day life and its problems should be trusted with her mental secrets as well?

To be able to inspire this complete confidence, and to bear cheerfully the burden of heart and hand which it entails, the successful physician should possess a variety of talents, from the



fact that he comes in contact with all classes and conditions of humanity.

He must be generous and warm-hearted, always attentive, showing an intense interest in his patient's welfare, even though the trouble chance to be trivial, 'tis expected of him ever to be the embodiment of courteous sympathy; and although his powers of endurance may be oftentimes sorely tested, any show of impatience is perhaps fatal to his success as a physician.

The model doctor, in the sick room, possesses at all times a demeanor calm and cheerful, yet cultivates an observant eye, which enables him at a glance to see his duty quickly, and judge to a great extent not only the physical, but also the mental condition of his patient.

Let him be a "heart courageous" when duty calls for action, knowing no fear, possessing a tender hand that enables him to perform that duty without unnecessarily increasing the pain of the already afflicted. He must know that 'tis his capacity to cure, and not to diagnose, which makes him an indispensable factor in the invalid's chamber. The patient knows and cares but little of pathology and diagnosis so essential to the profession. To the sufferer he is never the man of science, simply the "doctor man" able to cure disease, able to prevent disease. From the patient's point of view the doctor who frankly admits that the case is incurable and hope—there is none—why he is a very poor doctor indeed. And after all are we very far from wrong? Has not the life of many a poor sufferer been prolonged by hope?

We think that it seldom benefits the very ill to know the true state of affairs, or or to inquire into the methods of the physician, 'tis his to command, ours to obey. Have we not voluntarily

placed ourselves in his hands, why then should we not trust him? Many differ on this subject. Mr. Cleveland, in his recent address before the New York Medical Society, says: "It should not be considered strange, if thousands of us, influenced by the specter of a Medical Trust in mystery, like all who are trust affrighted, cry out for greater publicity between physician and patient."

Perhaps there are men who will readily agree with our honorable Ex-President, but the women, well we wouldn't know if we could, and perhaps we couldn't if we would, so it's all right. Those of us who have lain for weeks in a hospital, passing, as it were, into the very shadow of death, and have been snatched back to life—a life of health and happiness—by the calm faced, skillful surgeon, who, even in the moment of greatest danger, kept our heart from failing us by laughingly assuring us that the trouble "amounted to nothing," and that danger—there was none, do you think that we fear a "Medical Trust?" Not we! Smile if you will at this confidence; yet upon the doctors' power to command and hold this implicit faith and trust of his patients, there depends infinitely more, than upon all the gilded diplomas suspended upon his study walls.

Does he indulge in friendly gossip, this model doctor? Never! Right conservative is he in his speech. He has access to the hovels and fashionable boudoir alike, yet the secrets learned therein are as sacred to him as the little prayer he learned at mother's knee.

But alas! With all his virtues the good old doctor is often a poor financier. His books are seldom carefully kept, his bills are not promptly sent out, and there is little, if any, firmness em-

played in collecting them. Oft' times the trouble with him is, he looks upon this beautiful science of saving human life, as something too asthetic to be connected with "cold coin." Beautiful it is indeed! Yet the doctor has to live; and we deem it true that he suffers greater impositions in a financial way, than the man of any other profession. By this we mean not his charity list (every doctor has one, let it be said, to his credit, for the doctor is the good samaritan of this world). While we are wrapped in nature's sweet restorer, sleep, his duty calls and he wends his weary way through midnight darkness, snow and storm, relieving suffering humanity. Like Tennyson's book—he goes on for ever. There is no retainer's fee when his services are sought, there are no negotiable papers required before he responds to the call for help, there are no time prices charged if the services are not cash. To the interest of suffering humanity he gives his whole life, a life which is one continual round of labor of love, self sacrifice and devotion, his remuneration many times—only gratitude, some times not even that. There is an old and oft repeated rhyme:

"When on the verge of danger, not before,

God and the doctor we adore;

But when the danger is o're and all is righted,

God is forgotten and the doctor slighted."

This possesses more truth than lyric beauty.

The moral life of the doctor should be above reproach, his every day life as pure as the driven snow. It behooves all men to be Christians, and this is none the less true of the physician. It is his privilege, and should be his pleas-

ure, to follow in the footsteps of the Great Physician. How sweet is the thought of immortality, the belief that death to those who do His will, is but the beginning of a brighter and happier existence! And great indeed is that doctor, who, after human skill is exhausted, can speak words of comfort and assurance, placing his patient in the hands of the Divine Healer. Such a man dispells the gloom of the death chamber, and brings solace and cheer to the broken heart. He is a blessing to mankind and to his profession.

### **What the Medical Profession Is, and Has Been, to the World at Large.**

(By Charles A. Julian, B. S., M. D.; **Ex-Vice-President** N. C. Medical Society; **Ex-President** Davidson County Medical Society; **Member** Tri-State Medical Society; **Physician** to Thomasville Orphanage Infirmary, Etc.

An old writer once said, "Medicine is not an inviting field to the historian. It records no mighty deeds of battle; it depicts no gigantic efforts of ambition; it speaks nought of crowns or courts; it has nothing to do with the dilapidation of cities or the dismantling of empires. The text of its narrative is a humble theme more calculated to profit than to delight, to interest than to astonish. Theories vaguely conceived and vaguely expressed; facts imperfectly ascertained and fancies extravagant and crude—are its chief material."

Could our ancient critic have stood on the threshold of the twentieth century and looked back over the years of progress and discovery, even of the nineteenth century alone, what a different sentiment he would have written. He would not only have modified his statements; he would have annihilated them entirely; in fact, he would never have written them.

Diseases were regarded by the Egyptians as tokens of divine wrath, as a punishment for sin meted out by the gods. The priests who ministered at the altars were the mediums through which the gods worked. The remedy for disease came through the same agency, from the same superior beings. Down through all the centuries the idea has evolved and developed and broadened and matured, until to-day the word medicine is used in its broadest sense to include the study of the phenomena of life, creation, disease, death, the influence and circumstances controlling them, and the practical application of the results of this study to prevent as well as to cure. No profession to-day offers to its followers such advantages for investigation and research. No other profession demands from its adherents such an all-round knowledge of all things which concern the world in general. To the student, the medical problems of these times offers particular and peculiar attraction. A modern physician must be a scholar. He must be a student of psychology; he must be interested in the educational interests of the day; he must take part in the solution of scientific, sociological, sanitary hygienic and national problems of the times. And no matter how deeply he enters into his studies, nor how far he proceeds, there is always a tantalizing, half-known phase of the subject which constantly, like an *ignis fatuus*, leads the explorer on and on into still more interesting and undiscovered new worlds of thought and knowledge. With a thirst for knowledge, either for its own sake or as a benefit to others, the physician is a lifelong student. The more he knows, the more he wants to know, and the more he discovers there is to be known.

What *has* the medical profession been to the world? Go back three hundred years and ask suffering motherhood the wide world over what the term means to it! Go to the dusky women of India to-day and ask what the words "Medical Missionary" means to them! Go back to the childhood of three centuries ago, when parents stood helpless in the face of advancing woe, from the dangers which threatened the newborn to diphtheria and smallpox and the thousand ills which pursued their offspring from the cradle to maturer years, and ask parents what the medical profession has been to them! What of adults themselves before the medical profession brought to bear its skill and constantly increasing knowledge to lessen pain and avert death? Think of the tortures of the operating table before the discovery of anesthetics; of the depopulation of villages and towns by fever and plague; of the agony endured from malignant disease; of the hopelessness of those suffering with affections of the eye, ear and throat; and then consider what has been done along these lines by the medical profession.

In what relation to the world at large does the modern physician stand? Is he an important factor in its scientific life, in its social life, in its artistic and literary circles? Does he play his part as a worthy citizen? Does he take his place as a leader among men in the general progress of the world and in the great struggle for the benefiting and uplifting of humanity? These are questions which occasionally present themselves in the rush and whirl of a busy life to every serious-minded practitioner who is in love with his work, jealous for the honor of his profession, and loyal to its truest and highest ideal.

The influence of the physician in so-

cial life has always been great. It is a natural sequence of his work. He is not only the skilled physician, but also the confidential friend, the trusted adviser, and to him are often submitted matters which bear no relation to physical ailments. Mothers give him their confidence, youth entrusts him with hidden secrets, business men rely upon his opinions and take fresh courage therefrom. He is a personal friend in joy as well as in sorrow, to the poor as well as to the rich, in health as well as in sickness. His very presence carries with it assurance and comfort. His personal life bears with it a daily influence upon those who know him—his cheerful sacrifice of rest and sleep in his ministration to others, his forgetfulness of his own health, and life in the interests of his patients, his lack of mercenary motives oft-times where human life is at stake and no momentary reward is involved, his readiness to respond promptly at every call, at any time under all circumstances.

In the artistic world there seems to be a special affinity between the members of the medical profession and artists. A recent author says that one finds more intelligent appreciation of art among the medical fraternity than in any other professional class outside of the artists themselves. The history of art in every country gives examples of this affinity. Hogarth in his treatise on "The Analysis of Beauty" was aided in a great degree by Drs. Hoadly and Morell, while Dr. Monro, of London, was both a critic and teacher in art circles, gathering in his own house the young painters of his time, including Girtin and Turner, to instruct and encourage in every way possible. Ruskin in his writings makes prominent mention of this. On the other hand we

have several examples of the artistic and medical interests combining. Girtin's son became a physician; De Wint, a 19<sup>th</sup>-century English painter, was the son of a practitioner. Dr. George Mason became an artist of some repute; Seymour Haden was a noted surgeon and an equally noted master of etching. In many points the artist and the physician are closely akin. Doctors are men of observation; so are artists. The physician's knowledge of the human body brings him in close touch with the master of painting and sculpture. From his study of anatomy and the laws of being, the master of medicine makes an exceptionally good critic of artistic productions. More than this specialistic surgery requires one to be "as sensitive as an artist, possessed of equally aesthetic temperament, yet firm and resolute as a man of action."

Traveling back to the days of ancient Mythology we find that Aesculapius, the god of medicine, was the son of Apollo, the presiding deity of poetry and culture. All through the ages the two beneficent powers have traveled hand in hand, scattering their gracious blessing on either side of their path. The relation, therefore, between medicine and literature is but a natural tie, recognized more, perhaps, in the past than in the present, yet always recognized. The limits of this paper will bear but brief mention at the most of those who have been closely associated with both arts. The "Aphorisms" of Hippocrates, though they contain much that amuse, bear with them a great deal of useful instruction. Aretaeus, too, is a medical writer of ancient fame whose literary excellence takes him out of the narrower sphere of a merely technical exposition of his art. Dr. Thomas Linacre, the friend of Erasmus and



Colet, is a name in the medical and literary annals of Old England, of which his countrymen are yet proud. Sir Thomas Elyot, Sir Thimas Browne, Dr. Arbuthnot, are names on the list of England's honored. John Locke, Crabbe, and Keats prepared themselves for surgeons, and Sainte-Beure, that prince of French critics, walked the hospitals as a votary of medicine.

Current medical literature is of vast extent some of it worthless, much of it valuable. Bulletins, periodicals, papers take their place on our tables with the current fiction of the day, while the leading journals of the day are glad to number among their best contributors the members of the medical profession. The physician and his skill serves as the theme for the popular short story; the heroic in medicine, and where will you find it displayed oftener or in truer form, is the key-stone of many a novel; and to cite but one instance of many, who has not delighted in the wicked wiles and varied experiences of Francois or the romantic adventures of Hugh Wynn as portrayed by the talented pen of our own Dr. S. Weir Mitchell.

Perhaps one of the most important phases of the physician's influence is that which he brings to bear upon the educational world. Civilization with all its benefits to mankind, has brought in its train numerous penalties for new abuses and excesses.

Medical science stands the mediator between the punishment and the crime, and in this respect its work is being recognized the world over. The fundamental principles of hygiene are better understood; bad habits are condemned, and the enforcement of sanitary laws is an accomplished fact. The scholar in nearly every school to-day

knows the ruinous influence of alcohol and tobacco; is taught "that temperance in all things is Nature's standard;" that excesses of all kinds bring their consequent train of evils; and more and more our coming men and women are being impressed, both by theory and practice, with the fact, that a sound mind in a sound body commands the admiration and respect of their fellowmen and augurs success in life's ambitions.

Another essential relation between the medical profession and our schools is rapidly taking its correct place in the public opinion. Since June, 1900, regular physicians have been employed in Berlin on the staffs of twenty of the common schools. It is an advance step which ought to be taken by the profession in American, for the school interests and public interests are closely related, and as an important factor in the latter the medical profession should be profoundly interested in the former. The influence of medical supervision extends not only to the individual pupil, but covers the entire question of the hygienic condition of whole schools and school buildings. Matters of defective heating, sanitation, healthful environments, spreading of contagious diseases, and the promotion of the scientific study of school hygiene, all demand and prove the importance of having physicians appointed on the staff of our schools, as regularly as we appoint the principal or the janitor. Teachers have recognized to the best of their ability the fact that the physical and mental development of a child are so inseparable that one can not be considered apart from the other. Hence we have the addition of the kindergarten, the manual, training, the various forms of physical culture, to our school curricula. Yet, no matter how care-

ful and considerate a teacher may be, he is not a physician; he is not skilled in reading warning yet subtle symptoms, and very often a break-down comes entirely unsuspected. Into this place the physician must step, and our land will be wise, when it practically carries out the old adage "An ounce of prevention is worth a pound of cure," in regard to its public schools. "The physician is practically indispensable in every rightfully conducted school. The medical men should supervise all forms of institutions and determine the best general rules for the mental and moral education of the students. They should watch the individual child and study the peculiarities and limitations of each." It is a task impossible for the teacher to adequately discharge. In other words, teacher and physician should aid and abet each other. One of the most important fields in which scientific medical knowledge has worked wonders in reform and in which our physicians have and should be shown as humanitarians, as enterprising citizens, as advocates and advancers of social interests, as leaders in necessary reforms is to be found in our educational institutions.

It seems almost superfluous to speak of the physician as a leader in humanitarian effort. The object and ultimate aim of his existence is to make his knowledge of practical utility to his fellow creatures. He does not merely lessen or avert the pain or death of an individual member of the community; his work affects the patient's family, his associates, the business world, national interests, the worlds of science, literature, and art. Did the old writer quoted in the beginning of this paper think the medical profession had nought to do with crowns and courts,

cities and nations? Nay, our members to-day deal with the health of cities and nations, they hold in the power of their skill, governed by the Divine Healer, the lives of kings and rulers, they control great commercial interests and protect the health and safety of the traveling public. Dr. John Billings has truly said: "Great as is the debt which the world owes to medicine for the saving of life and the relief and mitigation of suffering, this is small in comparison with the indirect benefits to society which it has conferred. Its practical utility extends far beyond the relief of individuals, for the actions and work of kings, of statesmen, and of the leaders of human thought and progress are at times dependent upon its aid. Medicine is the parent of the biological sciences, including anthropology and modern sociology.

"Educated physicians have led the way in all branches of natural history and have contributed much to chemistry. Medicine has exerted a powerful influence, not merely by the discoveries which it has made and announced, but by disseminating the modes of observation and of reasoning of its votaries. For hundreds of years the flickering and feeble flame of true scientific thought was kept alight mainly by men who had studied medicine, and in the organization of great scientific societies in the seventeenth and eighteenth centuries, the physicians took a most prominent part." They are essential factors in sociological problems, for relative influence of heredity, of environment, of dependent and dangerous classes in society, of insane and feeble minded, of the production and disposal of criminals and ne'er-do-weels-much of the disposal of these important questions depend upon the views and opinions of

the medical world. At court the jurist appeals to the physician for advice when he is doubtful as to the responsibility of the prisoner. The learned educator submits to him school problems in the training of the coming generation. Parents consult him with regard to the studies, recreation, and physical training of their children. And to one and all he is the sympathetic, tactful, brotherly counsellor and guide. His duties as a citizen are, more strictly speaking, on a higher plane than the unprofessional man, for, in his case as in all others, increased knowledge brings with it added responsibility and power.

Like a fairy tale of science reads the history of recent years in the annals of the healing art. It has not only interested the adherents of the medical profession, but has become a part of a common knowledge of the people. Virchow, Pasteur, Finsen, Lorenz, have become household words even to the children of our homes. Can one explain in ordinary language the importance of the work of such leaders as Trousseau and Virchow in scientific medicine, Lorenz in bloodless surgery, Kellogg in hygiene and therapeutics, Morton and Simpson in anesthetics, Koch in bacteriology, Neils Finsen in light treatment, and Roentgen in the potency of his x-rays? The space allotted for this paper forbids the enumeration of the various leaders in advance thought along the lines of various diseases and studies, of those in the administration of our public and private medical institutions, and in the instruction of our youth in school and university.

From the discovery of the atomic theory by John Dalton in 1800 to the latest and most successful solution of the complex problems in therapeutical

effects, all through the sweep of the nineteenth century, the medical profession has gone steadily forward in an advance movement for the benefit of mankind.

In closing it may not be amiss to take a fore look across the coming years of the twentieth century. Already this century has placed her index finger on the line of march and has pointed out the obvious mission of modern medicine. Researches into the causes of disease and for new and improved methods of prevention and cure will be pursued with relentless and increasing energy. As a sequence to the instruction of the masses by an organized medical profession there will come improved legislation.

Restrictive measures for the sale of poisonous patent medicines, improved sanitation laws, statutes dealing with the adulteration of foods, effective control of immigration, of quarantine methods, of public health, the more thorough and systematic supervision of our public schools, and the more rigid enforcement of health laws for the suppression of public contagion, such as the indiscriminate expectoration upon our streets and in our public buildings, will prove more effectually and conclusively to our unprofessional brethren and to the public at large that as a factor in the progress and development of the best interests of our towns, of our cities, of our state, of our nation, the medical profession is worthy of a place in the front rank of public benefactors.

Battle & Co., St. Louis, Mo., announces that they now have ready for distribution to members of the profession, who may send address, the 9th of the series of twelve installments of Intestinal Parasites—a postal card brings a copy to your desk; Doctor.



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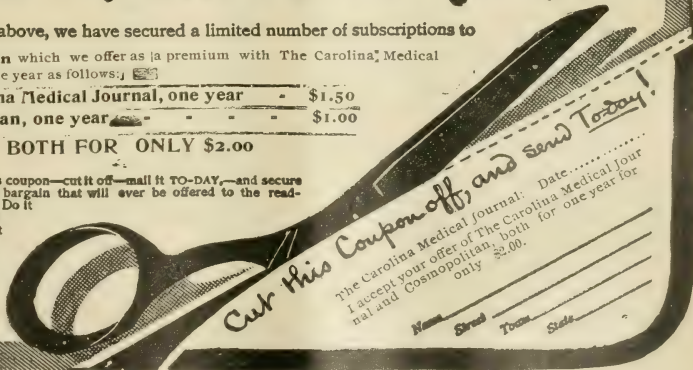
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### Surgical Hints.

Avoid making too small incisions in tracheotomies, as bleeding vessels can thus be more readily brought to view and hemorrhage more easily controlled.

After incision of a large furuncle it is poor policy to pack the wound with dry gauze, since this is apt to interfere with drainage, and its removal causes great pain.

Before operating for torticollis it must be carefully determined that the condition is not of hysterical origin, in which case surgical treatment would prove ineffectual.

In paracentesis of the drum membrane a mere puncture will defeat the purpose in view, which is to provide free drainage. Moreover, a puncture

quickly closes and necessitates further operative intervention.

It is well to recollect that, as pointed out by Dr. H. H. Young, 10 per cent. of cases of enlarged prostate are of cancerous origin.

In the presence of long standing symptoms of irritability of the neck of the bladder it is well to examine for urethral stricture of large calibre, which not infrequently gives rise to such disturbances.

In suspected fracture of the fibula an x-ray examination is frequently necessary, since the ordinary symptoms of fracture are rarely marked; thus, there may be practically no pain and disability, only slight swelling and ecchymosis, and faint or no crepitus.

# The Carolina Medical Journal

A Monthly Journal of Medicine and Surgery.

VOL. LIV.

CHARLOTTE, N. C., APRIL, 1906.

No. 4

Address all communications and make all funds payable to THE CAROLINA MEDICAL JOURNAL.

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## EDITORIAL.

### The Scope of Regular Medicine.

"No pent-up Utica contract your powers,  
But the whole boundless continent is yours."

Exclusive dogmas, isms or pathies as such can find no place in regular medicine, since in it, as pursued by the true physician, are included all systems of practice that have for their purpose the benefit of humanity, the alleviation of suffering or the cure of disease. The foundations of Regular Medicine are laid in truth, its principles are broad, its teachings liberal, its scope ample.

From earliest history, aye, perhaps from the time when the curse was pronounced upon man for the first transgression with sequence, he has used the God given dominion over all the earth and striven to find and apply remedies of his violations of the laws of God and nature.

Crude and cumberson as were these

efforts, all ages and all nations have had their physicians. Whether as patriarch of his tribe in the paternal care of his dependents, or the witch with her sorcerers, the healing monk with his herbs, or the voodoo with his charms, the barber-surgeon with lancet, and bloody staff or the astrologer with his globe: whether by the direct administration of some substance or by incantations, or necromancy, the healing art has been in some way represented.

From this array of incongenous attempts to meet and combat disease, has been born, through long periods of evolution, the twentieth century physician. The heritage into which he enters and the position he has carved out for himself, make the armamentarium of the physician of to-day and the scope of Regular Medicine.

In his search for means to combat disease, the physician has viewed the forest in all its pristine grandure, the cultivated field and garden, and has

asked of them help. It has been freely given and from them he has taken the lowly vine, the flowering shrub, the scraggy bush, the weeds and grasses, the lordly tree, the monarch of the forest; from their rough bark and ugly root, their peeping bud and verdant foliage, their full blown flower and a matured fruit, he has extracted parts and virtues for his use, and applied them to the healing of man's infirmities.

From his mother earth, he has sought aid, and the most generous of mothers she has, in many ways yielding to his request. He has appropriated her elements to his purposes and laid violent hands upon her very bowels and dug therefrom the hidden minerals, purified them, combined them, and administered them, that the human system might have the essentials for its restoration and preservation.

He has called chemistry and made her his handmaiden and thro' her instrumentality has created new compounds that succor for the sick might be more effectual.

The water from the clouds he has recognized as nature's great solvent; its powers as a lubricant and its effects upon the system are appreciated; its capacity for holding matters in solution are known and applied; its absorbent properties are considered; its characteristics as it gushes forth from nature's laboratory impregnated with healing virtues are apprised; the mists held in suspension in the air we breathe and their power to convey medicants have his attention; over this and all these and other forms he has stretched forth his hand, and they pay large tribute to his wants in the conservation of health and the healing of the ills of the flesh.

When the "first all 'round American," Benjamin Franklin, demonstrated the nature of the electric fluid in lightning of the clouds, an advance in science was made that has been of incalculable benefit to the world at large in many ways. The physician has tested it; has labored and experimented with it in various ways, combined it with other forces through long years of strenuous endeavor and patient waiting. Whatever benefit it may be to other fields of science and departments of practical utility, medicine to-day has wrested the flesh from the clouds, harnessed it, and placed it under control and requires it to 'do its bidding, and claims it as one of its chief allies in the fight with disease.

He utilizes the knowledge of the development of antitoxins in diseased conditions, by producing them in the blood of the lower animals, and animal-therapy has been the means of saving millions of precious lives, and is but now on the threshold of its usefulness.

The microscope gives freely that the physician may learn more of the innermost recesses of the physiologic and pathologic states; heat and cold pay tribute to his genius in caring for the sick; the air is divided that its elements may be used for his purposes; artisan and mechanic, under his direction, contribute machines, instruments and appliances for the rescuing of the diseased and afflicted; insensibility is produced that pain may be robbed of its terrors.

Light and darkness are made to add to his power over disease; he invades the very heavens, seeks the sun, appropriates his rays, separates them and allots each a work to remove a blemish, throttle the putrid sore, or destroy the noxious germ.

He speaks to the intellect and for the time renders it subservient to his will; he knows the value of the soft word, the smooth tone, the musical note, the delicate touch; he knows, too, the power of authority, the strength of the will, the force of a command, and all these **he puts into service that his patient** may be brought to health and strength by constraining him to believe in the possibility of recovery.

He claims Hygiea for his daughters; he enjoins the public relative to the preservation of personal and state health; he stays the progress of epidemics; he marks the line of contagion.

Regular medicine does not oppose special modes of treating disease because of an unbelief in their efficiency. The opposition when made, is because disease in its prevalent manifestations, demands all the powers of the physician, and the use of all available methods for its eradication. The responsibility upon the man of medicine is too great to contract his powers or hedge his authority by an adherence to one system or an exclusive dogma. He must have, as a prerogative, the right to stretch forth his hand and appropriate any and all means that add to his chances of success in his conflict with disease.

In all the realm of nature, in all science, in all matter, in all the attributes of the mind of man, there is nothing the true physician may not use for the benefit of suffering humanity and still remain within the pale of Regular Medicine. It is only bounded by the powers of human intellect to seek out truth and demonstrate its application to deliverance from man's primal transgression. The simplest measure of the most primitive and

lowly origin, that meets the indications or serves he purpose is not beneath his dignity. The highest attainments of scientific research, the productions of the most erudite minds, the results of patient investigation, the skill of long practice are his to use as may be needed.

Can he go beyond the confines of known phenomena and intrude upon the spiritual world? Can he seek remedies in the things beyond human ken? Is it his to claim the power of influencing Jehovah and give succor by reason of this power? Without endorsing Christain Science as it is taught and practiced, the Christain physician has the right to use such influence as the tenets of the Church offers in the matter of faith in an overruling providence—and the mental aid it brings for his patient. To claim that such faith without other aids, is an infallible remedy for all ills, or that he can at his will or pleasure with or without the concurrence of his patient, call such faith into requisition is not within his province.

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### **Is the Practice of Medicine a Profession or a Trade?**

The answer to this question will depend upon the spirit in which the respondent enters upon the practice of medicine, or at least the spirit with which he pursues the calling. If a layman answers this question it will be in accordance with the respect in which he holds the profession. Perhaps this last assertion ought to be qualified to some extent, but certainly the greater his respect for the profession the further he will remove it from a trade. It is rather unfortunate that this question is asked or that it is necessary to discuss it, but the growing tendency



to commercialism in all professional ranks calls for a **word of caution** and a differentiation between the two.

The foundation for the best work in all departments of life is a genuine love for the work itself. This is recognized in literature in the difference between the hack writer and the productions of the scholar writing from fulness of heart, and brain because he would be of service to his day and generation; the other for the dollars and cents there is in it without regard to his own opinions. Note to the contempt with which the true sportsman regards the pot hunter, and an idea can be gained of the difference between pursuing a calling for the love of it, and for the money there is in it. The physician's life is preeminently one of service. It is unselfish, his greatest reward being a consciousness of service well performed. These elements cannot enter into the trader's life. He uses his calling that he may gain money, not to serve the people. His first idea is to live and not to serve. He rejoices in the results of his work. He labors that he may gain. The physician labors because he would relieve, and while he is gratified when successful his chief pleasure is found in the efforts made, his greatest incentive—not worldly, but a knowledge of the ills of suffering humanity.

The physician makes his calling a life time work. He prepares himself for it by years of study and training. It is only by this course of preparation that he may enter upon the duties of the profession of medicine, and it only by a life time service that he may hope to attain the fullest measure of success. Fame is the portion of but few of the profession, but honor is the prerogative of every one true to the

tenets of his calling, giving to those around him the best service of which he is capable. In this he has the best wishes and co-operation of all loyal members of the profession, with and to whom he is bound by invisible ties of fellowship—all as co-workers in the same cause, and for the same end. These trade cannot claim as its own, and the plane of the profession is higher ground than that on which trade rests.

There must be a business side to the profession of medicine for the ideal state or condition of society wherein the wants and needs of the physician are assured without compensation for his services is not yet present, but that better work can and would be accomplished if freed from financial cares is fully recognized, and appreciated. As this is not attainable, the necessity arises for using the calling of medicine for financial gain. He who makes this the paramount issue in pursuing his occupation will answer the question of the heading that it is a trade; he who regards the financial part as a means to the higher plane of service will answer that it is a profession.

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#### **Income of North Carolina Doctors.**

One of the first questions asked in this materialistic age of any proposition is: Will it pay? By this is meant as a general proposition, the success of the venture measured in dollars and cents, without reference to issues outside of financial ventures.

Measured by this standard above it is generally concluded that the medical profession is too poorly paid for the actual work done. The outlay in money, time and labor spent in securing a degree, and the energy, judge-

ment and skill required for the practice of medicine devoted to any other calling will give larger returns.

The estimated income of doctors has always appeared to us, as being too small, and in order to secure information on which to base an opinion relative to the matter, the following circular letter was prepared and sent to a number of physicians of the State covering every part of it and every county society.

Mount Olive, N. C., Feb. 15th, 1905.  
Dear Doctor:—

It is the intention of the publishers of the Carolina Medical Journal to issue, in the near future, a number devoted to the Business side of the profession.

It is my desire to write an editorial for this issue concerning the average income of the profession of the State, and I am sending this circular letter to a number of representative physicians for the purpose of gathering information on the question.

If you will kindly fill out the blanks below and mail to me in the enclosed envelope, I will appreciate it as a personal favor. This information will be held strictly confidential, and the letter will be destroyed as soon as tabulated. You may use your own pleasure in regard to signing it.

Thanking you in advance for this courtesy, I am,

Yours truly,

J. D. Roberts,

Ed. Car. Med. Journal.

Do you do a city, town, town and country, or exclusively country practice?

Are you a specialist or a general practitioner?

What was the income from your professional work for 1905?

What was the average income for the past three years?

What per centum of charges do you collect?

#### REMARKS:

The object was to get at the average incomes of the doctors, in cities, towns and country and the percentage of collections made on the amount charged. This was a complete failure as far as the securing of information sufficient for a definite opinion is concerned, as only about one-third of the letters were returned. Even in those answered it is morally certain that the replies were from the class receiving the larger incomes.

While an average made from the replies received would be misleading, some facts secured may be interesting. All reporting do a general practice. One only does some specialized work. Sixty-five per cent. of replies give income as above the general average for their section; twenty-eight per cent. as about the average and seven per cent. as below. Only six per cent. of the replies come from those doing a country practice.

One correspondent goes into detail and I quote from his letter by permission. He does a town and county practice; books \$4,000 a year, on an average, collects 60 per cent. of it. To enable him to do this he finds it necessary to keep three horses, furnishes the medicine and tries to keep in touch with the profession in the purchase of new books and instruments. He gives the figures: collected, \$2,400; cost of horses and vehicles, \$450; drugs, \$600; books, journals, telephone rents, instruments, etc., \$100, leaving an actual income of \$1,250. The items of horses and vehicles is estimated, and is low, the others are from the records.

This comes from one of our best informed and hardest working physicians who spent years in study and large sums of money to prepare himself for his work. It is necessary for him to spend considerable sums in keeping himself and family in the social position his profession demands. The education of his children is a problem he must face. It is only within the last few years that his income has reached these figures. Age is creeping on him, and with all his labor he has only been able to make a moderate home for his family; nothing more.

This report shows a larger income than the average received in answer to this circular letter, and is decidedly better than general average income of physicians of the State. We have no means of arriving at an average concerning the necessary expenses attached to the practice of medicine, as this correspondent is the only one going into detail.

The percentage of collection on the amount booked is too low; lower than most of the reports received. On this point it was noted that the larger incomes gave also large percentage of collections, the majority being over 75 per cent., several as high as 90 per cent., and 95 per cent.

The influence exerted by county medical associations in securing better collections was noted by three or four correspondents, though no details were given as to how this was accomplished.

The percentage of collections as given in the reports received is strictly better in the towns than for exclusively country practices. One correspondent Dr. F. E. Asbury, of Asbury, doing an exclusively country practice, reported that he collected 90 per cent. of his charges.

This was so much better than country doctors usually did, and in fact in excess of the general average of all reports, that we asked a paper of Dr. Asbury on the subject. The doctor claims that he could not write a paper but gives us the privilege of making use of such information as we may wish, culled from a private letter on the question.

Dr. Asbury is 63 years old, has practiced 37 years; is still in active practice, doing a part of his work on horseback, and is a regular attendant on the meetings of the State society, which he enjoys very much. For the first 25 years of his practice he paid but little attention to his collections, consequently he suffered financially.

After considering the matter he adopted the following plan: monthly statements were sent out regularly; full settlements demanded at least once a year, or further services refused. The last two years he has adopted a cash and credit plan. If the account is paid on discharge of patient, a discount of ten per cent. is allowed; if it is not, a note bearing legal interest is taken, and this done invariably. Sometimes several notes are taken from the same individual during the year. These notes are to be paid at the end of the year, or future services denied.

Dr. Asbury makes several good points in discussing his plan. Especially does he insist that young physicians adopt a systematic plan of collections; practicing medicine on business principles. He holds that if you make a man pay for the services rendered, he will remain your friend. A few may become angry and leave you for some one else, but the financial returns will be better by forcing collections.

It will, in the long run, give you more friends and more money too. The doctor does his full share of charity work, but reserves the privilege of judging as what should be considered charity work. This general plan as here outlined, may not be suited to every section, but it has the merit of giving the best results reported, and the great principle that the laborer is worthy of his line underlying it is worthy of consideration.

We have conscientiously observed the promise to treat these letters in strict confidence, and cannot now give the names of a dozen of our correspondents. Hence we are not now comparing the attainments of our correspondents with the amount of the income reported..

Our observations and studies of this question heretofore have led us to the general conclusion that the up-to-date physician, doing his work conscientiously, and remaining true to his profession, has less trouble in securing financial returns, than the indifferent, slipshod doctor, guilty of unethical or shady transactions. The public may not know the code of ethics of the profession, but it does appreciate honest endeavor, uprightness and moral integrity.

#### **Abuse of the Telephone.**

Most, if not all, physicians in reach of a telephone system are patrons. It is no longer a luxury but a necessity. It can hardly be dispensed with but it is often a nuisance. Rather the fault is not so much in the telephone itself, as it is in the abuse of its advantages, so far as the physician is concerned. To be able to call a physician quickly often saves suffering and perhaps life, nor does the doctor object to necessary and reasonable consulta-

tions over the telephone in regard to patients under his care. The trouble is so many people are unreasonable in the demands upon the doctor's time and in the matter of information sought. The telephone is called into requisition for such trivial matters, and things of such small moment. Again it is so often used with the intent to get information or advice without giving a fee, under the idea that the doctor will not charge for such services. A large percent. of 'phone consultations are after night, perhaps, about the time for retiring. The patient or friends would not send or go the distance of a town block to secure the information, but think it no hardship to call the doctor from his first nap to the 'phone to ask if it would be best to put some spirits turpentine on baby's chest? Examination and treatment over the 'phone is very unsatisfactory at the best, and when it breaks into the doctor's rest and recreation, is used to avoid a fee, or for trivial and unimportant matters, it becomes a nuisance, and needs abating. How to do it is the question. To refuse information over the 'phone would, in the majority of cases appear discourteous, and often a direct hardship. To charge fees would not be just in all cases, yet much may be accomplished by discountenancing the use of the 'phone for trivial matters, and charging a moderate fee in many instances. The rule governing the fee would necessarily be an expansive one. Generally, when advice over the 'phone saves a visit to the patient's house, or avoids a trip to the doctor's office, the doctor should be entitled to a fee. If the doctor will let it be generally known that he sometimes charges such fees, he will not be trouble so much with trivial matters.



### Work of County Societies.

We most cordially commend the letter following, clipped from the Iowa Medical Journal, for January, 1906, to the county societies of the State. From the Standard Medical Directory, we learn the Valparaiso is a city of less than seven thousand inhabitants and that there is less than 20 physicians in the city. There is no valid reason why very many of the towns and cities of North Carolina may not pursue a similar course with like beneficial results. Smaller towns with a smaller number of practicing physicians may not be able to carry out the plan to its fullest extent, but wherever three or four earnest physicians can be interested in this work, good will come to the individual physician and profession at large, and to the public in better professional service. The friendly relations that will be inoculated by such a course will, by no means, be the least of the benefits derived, even if no other results should follow:

The following extracted letter from one of the leading surgeons of Indiana, contains so much of interest to county societies, indicating what may be done in any section where as many as three or four wide-awake men can be gotten together, that we are glad to put it before the profession. "What one man has done, other men can do."

"Valparaiso, Ind., Dec. 21, 1905.

"Dr. J. N. McCormack,

"Chairman Committee on Organization,

"Bowling Green, Ky.

"Dear Doctor:—Our work was begun two years ago by getting every physician interested in becoming more familiar with scientific and practical knowledge which would be an advantage to him at the bedside, and which

would broaden him as a physician. With this end in view, we rented a room, formed a club, and endeavored in every way to appeal to and build up the social, scientific and material spirit and welfare of the profession. From every point of view I desire to report that we have been eminently successful.

"In carrying out this plan we divided our work in such a way that each physician was required to act as a teacher of some special subject, and all the others took their places as students once more.

"After going along in this way for a time it became apparent that our faculty should be changed from time to time, in order that the teachers should become proficient in more than one subject. I desire to report to you that we found this most satisfactory, and that it has resulted in a marked improvement in the attainments of every member of our profession, which means, of course, of the profession as a whole.

"The social feature of our plan has done as much, if not more, for the good of the profession, as the scientific work. I am now able to say that we have no one in this county not on the most friendly terms with each other, and that such condition is because they actually desire to be friendly.

"In addition we have kept up our regular society meetings, always with increased interest, and although ours is not one of the large counties, I feel safe in saying that we have one of the best, if not the best, society in the State of Indiana, and we are resolved to go on and make it still better.

"In connection with this work it did not take us long to determine that, in consideration of the increase in the cost

of living in recent years, we were not being adequately paid for our services, and we concluded that it was only just that the scale of fees should be increased one-half. In order that this might be uniform we all signed the schedule definitely fixing the price of services for both day and night and had this published. It went into effect without a single ripple and has been strictly maintained. I have never heard a complaint on the part of the public or any member.

"Probably this very crude plan might be greatly elaborated and improved, but it has worked so well and with such universal satisfaction that I am sure none of us would be willing to disturb our present satisfactory condition.

"Should you be able to use what we have done as an incentive for others, or to elaborate it for the promotion of medical organization, you will have the very best wishes of every member of our profession in doing so. With personal best wishes, I am, most sincerely yours,

"David J. Loring, M. D."

#### **A Plea for Active Work.**

Under the title "Nothing Impossible," Berens, of the Medical Mirror, writes an editorial for the December issue of his Journal. His plea is for a united profession, without reference to any *ism* or *pathy*, that will do something for itself. He says:

"It can be done, it will be done some day, and the time to begin is now. We do not need the American Medical association half as much as we need a National Medical Legislative League to wage a war on the charlatan, the abortionist, and the fake medical college with its "free" clinics, that de-

prive struggling doctors of a decent living. We need it to fight medical corruption wherever it shows its head or tail; we need it to crush the quack nostrums, the female regulators, the dirty-fingered, unlicensed midwife; the oily-tongued "divine" who endorses booze medicines; the counter-prescribing, self-constituted drug-clerk "doc," the substitutor, Satan's right bower, and all the other fakes, shams, etc., with which this fair land of ours is overrun. Then we need it against the dead-beat. A dead-beat list as complete as Dun's or Bradstreet's report would be a blissful boon to the American physician, be he in New York or Podunk. No doubt this seems visionary, and is so in a measure; but things as great or as seemingly impossible have been accomplished, and more under way right at present than this."

Further his advice is to sow the seeds, talk of it, write of it, interest medical journals and lay papers. Remember, exposure first, organization next, and legislation last.

#### **An Excellent Spirit.**

Dr. C. F. Taylor believes that the profession should stand together and writes to this end in the editorial columns of the Medical World, for January 1906. Every doctor owes it to himself and the work he has chosen to make himself a part of the organized profession. Not to do so seems to indicate that the outsider is not worthy of a seat with his fellows.

Dr. Taylor realizes that organization and the consequent organization journals means much to independent physicians, but shows a most magnanimous spirit in the following clipping made from his editorial.

"It is better that the true interest of the profession be served than that The Medical World or its editor should prosper. If the practice of medicine is an unselfish profession, then medical journalism should also be an unselfish profession. His work is narrow and temporary who works for self and self-interest.

If the evolution of the medical profession should demand or involve the death of The Medical World and the financial discomfiture of its editor, the editor of this publication will nevertheless work for the evolution of the medical profession.

So I say again, and emphatically: Get and head the principles of ethics; join the organized ranks of medical workers; and if, by virtue of belonging to medical societies, the literature of such societies should crowd The Medical World from your table I will bid you a cordial adieu, conscious of having worked for the highest good of yourself and of your and my (our) profession."

However Dr. Taylor is not writing his valedictory just yet.

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### **Relation of Pharmacists and Physicians.**

An editorial in the issue of the New York Medical Journal, for Feb. 24th, 1906, deplores and deprecates the lessened cordiality between the pharmacist and physician. His remarks are based on utterances of Mr. Fredric S. Mason before the Medico-Pharmaceutical League, to the effect that the relations between the two professions here are not as cordial as they are in European countries.

The editorial notes the fact that our relations with the pharmacists are probably less cordial now than a few years

ago, and hopes the change may be only temporary, and closes with this sentiment which we endorse.

"There ought to be the utmost confidence and cordiality between physicians and pharmacists, and the restoration of the harmony that formerly prevailed, rests as much on our pharmaceutical friends as on ourselves. Each profession should be tolerant of the others shortcomings and refrain from proclaiming them as representative.

We regret to say that this policy is not always observed, as is shown by a paper read at the same meeting by Mr. J. Davis who appears to rate physicians very low.

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### **Recognition of Medical Organization.**

The Journal American Medical Association calls attention editorially to a movement of the citizens of New Orleans towards allowing the Louisiana State Medical Society to appoint the State Board of Health. The Governor has the appointing power, but the popular movement is a recognition of the services of the physician, and a compliment to the purposes and principles of medical organization.

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### **Mystecism in Medical Practice.**

Taking as a text the position of Ex-President Grover Cleveland before the New York Medical Society that doctors use too much mystecism with their patients and should be more candid with them, an editorial in the New York Medical Journal (Feb. 10th, '06.) gives some excellent advice thereon. Summed up it is to "size up" your patient. The more intelligent will not appreciate high sounding gibberish when discussing the diagnosis of their ailments, but a little judicious jugglery

of words with a certain class will not be amiss, but even this can be carried too far, and he who yields to the temptation is not the physician to leave a lasting impression upon the community.

### **Contract Practice.**

The Journal of the American Medical Association editorially (Feb. 28th, 1906) places much of the blame (but not all) for contract practice upon the medical schools. Students are graduated with no idea of the economics of medicine; no principles of ethics have been taught them, so they make blun-

ders for want of instruction. Instead of teaching "Unity, Peace and Concord," faculties have often been living breathing examples of "envy, hatred, malice and uncharitableness," in unseemingly fights and squabbers between rival schools or even within faculties. He thus enters the profession handicapped, and until recently, and even so now in some sections, a solitary member of an unorganized profession, he has gone the way and met the evils of a solitary life. Much of this could have been avoided had he been warned in time.

## **SELECTIONS FROM OUR EXCHANGES.**

### **The Doctor—Some Facts Concerning Him and His Success.**

(By Maynard A. Austin, M. D., Anderson, Ind.)

The latest directory gives the number of physicians in the United States, as 118,101. This is an average of one physician to every 650 inhabitants. Conservative estimates as to the remuneration received for their services, place an average income at not exceeding six hundred fifty (\$650.00) dollars, which is equivalent to saying that the amount paid for medical attention averages one dollar a year for each and every person in the United States.

Another fact is even more surprising, and that is that our eighty millions of people spend three hundred twenty millions of dollars for patent medicines every year, an average of twenty dollars a year from every person. To get well and to keep well costs the average family twenty-five dollars a year, but of this sum the doctor receives but five dollars, one fourth the amount that is paid to the patent medicine man. This latter personage seldom possesses a

medical education, and nothing more is required than a certain amount of business ability backing up the knowledge that "advertising pays," and that "keeping everlastingly at it brings success."

This foreknowledge is not a great inducement to entering upon a course of medical study, which now means at least four, more often six, and not infrequently eight and ten years in college and hospitals. The expense of such a term of study and preparation will require an outlay of at least \$2,000.00 and from this sum up to the limits of a generous father.

The man who succeeded me in my hospital internship was an A. B. from an Iowa college, and during his medical years at Old Rush, took an active interest in the Y. M. C. A. work, and his pleasures were not those usually imputed to the medical student. While watching me pack my books I happened to ask him this question. "When you shall have completed your service here in the hospital, how much money will you have expended upon your edu-



cation?" Taking a pencil and paper and figuring a few moments, he replied: "Not less than eight thousand dollars and possibly five hundred more than that."

That amount of money would stock a first class store in almost any single line a man would care to merchandise; it would buy as good a quarter section of land as any farmer would care to cultivate; it would bring ten per cent. interest if carefully invested in good rental property, and at a most conservative estimate would yield a net income of four hundred dollars.

If this \$8,000.00 had been given to this young man when he became of age, instead of spending it upon his education, and he had placed it out at the probable time of his entrance into active practice, this sum would have amounted to \$10,122.40.

If the father had placed the amount of the cost of his son's education to his credit at the age of fifteen, and provided for its compound interest earning at the same rate until the son was twenty-five, he would have a bank balance of nearly \$12,000.00. Such a sum is more than the average doctor ever will be worth and probably more than this man, referred to, will ever accumulate out of his practice.

Taking these facts into consideration, is it advisable to spend half of such a sum on an education, when the probabilities are that the most we can expect in return, is less than we could expect from a commercial investment, especially when we know that the chance for a greater reward lies in favor of the commercial side. But here again we must consider that out of every hundred men who go into business, eighty-nine will meet some disaster in some manner and ultimately fail.

Another fact not generally known is that thirty per cent. of all the graduates in medicine, leave the field after a short time in the profession, and enter other lines of work for a livelihood.

The competition in a professional way is even greater than in business, for in even the smaller towns and cities, one can be treated, as one used to contract for board, "by the day, week, or month." Certain lodges assess their members from ten to fifty cents a month, which sum can always secure a doctor to make a contract to care for every member who may need his services. In this instance a true story of the condition of affairs would not be out of place.

Three years ago a lodge of then recent origin, was chartered in a certain Western city. Few restrictions were placed as to its membership. Its objects were said to be social and beneficial, among the latter inducements was free medical service. The munificent sum of twenty-five cents being taken from the monthly dues, to pay a lodge physician. A premium was offered for new members and in a short time they had a membership of between four and five hundred. Among them was a physician whose standing as judged by the other members of the profession, was not such as to call him to their fellowship, but who had been elected to the position of lodge physician. Such a number of families receiving medical service for little or nothing, was soon observed by the other practitioners, and a few months after its origin the lodge and its practice was condemned in no uncertain measure by the local Medical Society. Nevertheless the lodge grew and prospered to such an extent that between eight and nine hundred members were

enrolled, and the salary of the doctor was lowered to fifty cents a quarter from each member. Eighteen hundred dollars a year was entirely too much money for the reputable physicians of that community to allow to go to the "unwashed." Before the time for electing a new physician the following year, seven of the physicians who had shortly before condemned the lodge and its methods, had become members and were using all their political skill to oust the first incumbent. Matters became of such a probable violent character that before the election of a new physician, it became necessary to modify the by-laws to such an extent that there should be one physician to each two hundred members.

Only too many men expect a few educated brain cells and a quantity of good luck to make them millionaires. In a profession one must have an attractive personality, and a desire to do always the best work in the best possible manner. In medicine only too many practitioners fail to remember that they owe a certain amount of their income to their patients. This should be expended for their benefit, in keeping himself and his equipment equal to any demands that may be made of him. His library need not be so extensive, yet he should thoroughly digest the contents of the books he does possess. His equipment should be such a one as to meet any emergency his practice may confront him with.

The profession of medicine is supposed to be a life saving one, and mercenary motives in the work, should be the last considered. The errors of omission are far greater than the sins of commission. An instance occurring at a recent medical society meeting will illustrate this.

A paper had been read in which a small inflatable rubber bag had been recommended to be carried as a part of the equipment of all those practising or accepting obstetrical calls, inasmuch as in a certain emergency it would be the most immediate and efficient measure for controlling an otherwise possible fatal hemorrhage. This measure was immediately condemned by a number of those present, chiefly on account of the fact that rubber deteriorates and when needed most, might be found worthless. Finally a man arose whom most of those present had called upon in time of need, and the words he spoke will long be remembered by those who heard him. "Gentlemen, for what are we paid to be prepared? If it is only a question of saving one life in ten years, my conscience would not excuse me if that life was sacrificed. What would you say of your druggist if he refused to keep Antitoxine because it deteriorated when kept six months?"

Matrimony is another stumbling block to the progress of many good men. This is especially true of the man whose sole income must be derived from his profession, and who marries before or immediately after his graduation. There are many exceptions to this, and yet his becoming a benedict has added to his expenses in such a manner that the money that should be spent for books and instruments or proper equipment, must be used in keeping up the expenses of a household. Dr. Osler touched upon this subject when he addressed the medical students of Toronto University a few years ago, in which he said: "Put your affections in cold storage for a few years."

There are few unmarried physicians, and in general practice there are many

reasons for the greater success of the married man, providing he has been fortunate enough to secure the right woman. Probably in no other of mans' work does a wife aid more in his advancement, than by the encouragement she can give to the doctor or the minister. No higher tribute could be paid to a woman than that which has been said of one physician's wife. "A Christian woman; mentally an equal, physically a superior; not jealous, worthy of being trusted in all and everything, and trusting to an extent that few are capable of doing implicitly; Possessed of an ability to adapt herself to circumstances that will make her beloved by the poor and honored by the wealthy; a girl with a heart so filled with love, that the faults of another would serve but to punctuate a continued happiness; attractive to the extent of causing her presence to be a matter of pride on all occasions; neat, but not in a manner to make a neatness a drudgery; a God fearing girl, who as a woman obedient to Nature, can give of her life and her love, to those whose highest honor and greatest pleasure shall be in after years to call her Mother."

The strenuousness of the present life can not be seen by all as has been done by certain financial institutions in this country, who have forbidden the marriage of any employe whose income is less than a thousand dollars a year. The physician whose income is that amount should have established a habit of saving a little something for the proverbial rainy day. Saving is a matter of habit, and one who can not save a portion of a thousand dollars is not liable to save when his income becomes greater.

This is the time and here is the

place where more men fail than at any other. The doctor passes through the "bread and butter" stage, or as Sir Andrew Clarke has divided our years of labor, "Ten years for bread, ten years for bread and butter, and twenty years for cakes and ale." He has the respect of a goodly patronage; he has the ability to apply business methods to his work and secure pay for his services; he has supplied himself with the necessities of his profession and possibly furnished in comfort, a little home; he has moreover, saved something out of what he has made and his bank account has a little surplus.

To keep what one has made is a greater task than to make or to save. Likewise, no one has ever had a known surplus without having numerous friends with divers suggestions for its further circulation. This stage of affluence generally brings with it a desire to speculate, and two classes of investments are always open for purchase. One presents an honest opportunity for a small per centage of profit, and with little or no risk to the principle invested. The other consists of many and varied "get rich quick" schemes including gold mine, oil well and other mineral propositions: stocks and bonds and the bucket shop transactions in grain and provisions, and last, but not least speculations in the shares of known and unknown industrial enterprises.

There is scarce any investment a man may make, but what carries with it a degree of risk, and profits are involved in a varied amount of chance. The size of a man's investments should bear a definite proportion to his surplus capital, and *no man with a small surplus, should invest his money in any enterprise where there is a possibility*

*of losing the principle sum invested.* How to place this hard earned surplus is a proposition whose solution leaves only too many families in destitute circumstances.

No one contradicts the fact that speculation has made the most of our millionaires, and yet these millionaires are such by virtue of the loss of millions by many small investors. To those men who can afford to take the chance of losing a nominal sum to secure phenomenal gains, there can be no word of condemnation, for this class of men form the backbone of industrial progress.

A man's distrust of his known friends, and his faith in the usual gold brick scheme of a stranger, is a peculiar circumstance to understand. If the fortunate Doctor having a surplus on hands is asked by some one in his home town to make a loan on a piece of property, he either asks for an abstract or pays an attorney to look up the property before making the loan. On the other hand, the sight of some handsomely engraved shares in Mexican rubber, Texas Oil, Missouri Lead, Guatamala Sugar or Alaska Gold, will cause the average Doctor to make an investment without further security than the beautiful lithographs, that in after years become certificates of membership to that great fraternity of "Easy Marks."

Another side of the question is that *no professional man is great enough to become a successful speculator and continue as such, without his value to the community becoming less and less from a professional standpoint.* A profession is a jealous mistress and that of medicine can brook no rival. "Give her your whole heart and she will be your protector and friend." The

more a man thinks of his profession, the more he will invest in furthering himself in his work and in making his profession a successful one. *If the average doctor had spent the money he has lost in unfortunate speculations, in equipping his office with better furniture, filling his library with better and more reference books, or in taking a few months Post Graduate work at some medical centre, the income of the average physician would not be the small sum it now is.*

*The cause of the income of the average physician in this country being so small, is not due to an overcrowded profession or to the poverty of the people who give them patronage. It is due to the fact that the average man desires to make a fortune faster than his profession gives him in the beginning.* He attempts to increase his income by taking up side lines, he speculates in politics, he interests himself in the fancies of other men's brains, and before he knows it, his profession has become the side line.

Instead of doing one thing and doing that one thing well, he becomes a "Jack of all Means to a financial end," and finishes his career in irregular or dishonest work, or else finds repose with his sole possession, a medical degree and license, in some place where little will be demanded of him and less received.

With such a prospect in view, the discouraged and unsuccessful average man finally blames the profession itself for his mistakes, and his antipathy to his profession becomes as great as his jealousy of his more successful competitor.

Specialists have driven the general practitioner to the background but there is no one who will ever displace



the Old Family Doctor, or lessen the respect, question the confidence, or destroy he favors of that type of man whom we all have known and honored for his worth. Our former patrons are possibly seeking new sources of relief at times and of their own volition consult those who practice the mind cure as exhibited in Christian Science, the bone and nerve conditions found awry by the Osteopath; the Orificial surgeon who tries to improve Naure's work, the Dermatologists who advertise "old maids made over;" or the vicious class of medical parasites who, through advertising methods, wreck the lives of hundreds of our young men and women every year.

There certainly is some good in all methods of practice or else they would cease to exist, and the successful man of the near future will be the general practitioner who is able to discern the good in the various cults, pathys and isms, and who is broad minded enough to not hesitate to commend their usefulness in those cases where methods other than medicinal are indicated. This assimilation of the good from other than the old school methods, is gradually being done in all the reputable institutions for medical teaching, and suggestive therapeutics and psychical research work are the scientific outgrowth of the results of Mental Science and its precepts. Similarly do we have instruction in the use and abuse of many other means and methods for treating the sick in mind and body. But after all is said and done, those of our patients who experiment with cure-all means and methods, will some day come back to the family doctor, who will have learned that his work is not so much the prescribing of pills and portions, as it is the instruc-

tion of those who seek his service; he will tell them how to cure the majority of diseases by prevention; he will teach them how to tolerate those chronic conditions until Nature is assisted in eliminating their cause; he will advise as to how to live and where to live; he will demand an equal standard of morality among men and women considering the marriage relation, thereby reducing the work of the surgeon one half or more; and finally, when this millenium shall have come, we will have a class of professional men in medicine, who will have fulfilled the prophesy of that master mind, William Osler, and have attained more to his ideals.

"The practice of medicine is an art, not a trade, a calling not a business, a calling in which your heart will be exercised equally with your head. Often the best part of your work will have nothing to do with potions and powders, but with the exercise of the strong upon the weak, of the righteous upon the wicked, of the wise upon the foolish. To you as the trusted family counsellor the father will come with his anxieties, the mother with her hidden grief, the daughter with her trials and the son with his follies. Fully one-third of the work you will do will be entered in other books than yours. Courage and cheerfulness will not only carry you over the rough places of life, but will enable you to bring comfort and help to the weak-hearted, and will console you in the sad hours when, like Uncle Toby, you have "to whistle that you may not weep."—*Cent. States Med. Monitor*.

A garment worker, Isaac Rindkopf by name, said: "Pshaw, dat's noding. Vun of my ancestors vas brezent ad de signing uv de Ten Commandments."

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# PIL. DIGESTIVA

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Pepsin Conc't,....1 gr.  
Pv. Nux Vom. 1-4 gr.

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As a corrective of nausea or lack of appetite in the morning, induced by over indulgence in food or stimulants during the night, these pills are unsurpassed ; they should be taken in doses of two pills before retiring, or in the morning at least one hour before eating ; the first mentioned time is the more desirable as the effects are more decided, owing to the longer period for action and the natural rest is more fully experienced through their mild but effective influence.

### AS A DINNER PILL

Pil. Digestiva is unequalled and may be taken in doses of a single pill either before or after eating.

The many flattering testimonials which have been received from the Medical Profession respecting the efficacy of these pills and their very extensive use is ample evidence of their superior properties in cases where such a medicine is indicated and warrants us in offering them with the full assurance that there need be no fear of disappointment in results.

**Samples to Physicians on request.**

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**Medical Thoughts, Facts and Fancies.**

[By Dr. James S. Sprague, Stirling, Ont. Examiner Mat. Med. and Pharm. Coll. Physicians and Surgeons; Ex-Examiner Med. Juris. Trin. Univ.; Author "Medical Ethics and Cognate Subjects," "Ideals in Medicine" (in press). Etc.]

A patient tells me she was attended in her confinement by a Miss Dr. ———, resident fourteen miles distant from her. The doctor's fee was munificent—being five dollars. From what I learn, from good authority, no liveryman in Dr. ———'s city will personally drive his own horse and lose thirteen hours' time away from his stables, unless he secures a larger amount of money than our confrere in the next city. Comment is unnecessary, when such work is being done throughout Ontario, and we suffer for the thoughtless acts of our brothers and sisters in medicine. And the worst feature is the pronounced injury to the profession.

Osler warns us not to give expression to our complaints, yet I consider it advisable to air them now and then; for as a rule we are apt to run in very shallow grooves of thought, which, too, are very erroneous and delusive, and occasion fossilization, antagonistic to research and study, so much remarked in these progressive times, even when error, false guides, even sciolists, are bewildering the thoughts of the very elect in medicine.

I have often wondered why the highest dignitaries in our profession, even the professors, did not give us more light from their lanterns—mental lights. By such I do not refer to the disgraceful testimonials which now and then, yes, too often, are seen in medical journals, advertising their names and marking commercialism on the very temples of Hippocrates. Medicine, unlike divinity, or the creeds of churches, or the law, freed from the shackles of

monasticism, superstition, and other impeding conditions of time and circumstances, demands the exposition, by our best men, of their successful researches, so that we, who have been many years in practice, can keep up to and with the thinking of the giant minds.

A matured man—in life, in judgment, and in medicine—told me recently that of his many mistakes, the one most grievous and really irreconcilable is that made by him, several years ago, when he, in a very brief spell of insanity or of supposed kindly feeling in heart, recommended an only son—selfish and narrow-minded—the only son of a noted cut-throat, schemer, blackguard, rich and out-and-out mean man—although among his list of patrons—to study medicine. Moral: The best men—the ideal men in medicine—have not had brutes for parents, even if the parents, to cover their sins and to establish family respectability, spent tainted money for the son's M. D. degree.

If more attention was directed to the study of the fathers in medicine, and of the inspirations exercised and aroused by them, we would form ideals of much more excellency and devotion, worth reverence by us, with such an illustrious heritage, dating with no uncertain landmarks in history through the ages, even from demi-gods, and to the very gods themselves. Imbued with such teachings, our young men would soon bring our profession, although so highly honored among men, to such exalted levels as existed when Athens was in its literary glory.

Several M. D.'s, yet young men, whom I know, will **curse and forever** curse medicine. A few of them are yet in the profession, and others abandoned it, at times when becoming

really useful, actually safe men in practice. What is the cause of this malediction, this relinquishment—this indifference to practice? Such is attributable to the fact that these misguided brothers, flattered and patronized during their first five years in practice, foolishly concluded that caressing and patronage were due them by their merits, and the fruits of their best efforts went to build a house—no common one—*actually on a bed of sand*, so fickle is patronage and the littleness of friendship so characteristic of our people.

I am of the opinion, judging from several observations, that there are very few villages or towns of any importance in Canada or the Eastern States that can not show one or more *abandoned-hopes* residences, erected by M. D.'s in their first ten years in practice—no longer occupied by them or owned by them. In one Canadian village, whose population never reached 1,500, any old citizen can show you four abandoned castles, built by doctors, who do not live in them or even own them. How illustrative is the doctor's life, in small communities, of these lines:

"Friendship often ends in love,  
But love in friendship never "

A wise country doctor, a friend of mine of over half a century, was wise enough to secure fifty acres of land near his village. He there built a castle. Assailed more than once by new arrivals, and sometimes sorely besieged, he cannot be dislodged as long as seed time and harvest continue. Here is a good lesson.

No greater blot on medicine is there than the unregenerated scion of an unregenerated parentage, who claims M. D. to his name. He is in the profession for its spoils, its wreckages. His ribs fatten with the cries of the

unfortunates who unfortunately secure his services. The kindly feelings which warmed the bosoms of the venerable ones in our history, of ministering to the poor and helpless are unknown to him, and will ever be unknown. It takes the life-work of the most venerable man in medicine to even overcome the injury to medical progress done by such undesirable ones in our ranks.

I am of the opinion that in time the State government shall be the referee of those who want to engage in medical studies, in fact, adopt such rulings as pertain to the selection of candidates for the West Point Military Academy in the United States. If so, then the heavens will shine on medicine. But before such regulations be adopted, it is desirable that candidates be made perfect, actually purified, by classical studies. If possible such influences can ennoble and eradicate hereditary meanness of character and disposition, before the divine studies in medicine be commenced. For the ideal man—the noblest class of men—our profession is calling, and has called since man's creation.

"It is no mean thing to have been

born the possessor of much virtue." Such I think is expressed by "Non mediocris felicitatis est ad virtutem nasci"—said of Osler by Weir Mitchell, one of the fathers in medicine; and if the leaders in law, in the church, as well as medicine, were to give us sketches of their lives, this happy gift to us at birth must be recognized as the factor that causes some men to come out from the crowd, to tell us, or do for us what no others think—at least do for us. Of such men is the kingdom of medicine, and if jealously be silenced, Osler holds the torch in that kingdom.—*Canada Pract. and Review*.



## SURGICAL SUGGESTIONS.

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An intractable eczema of the nipple may be the precursor of cancerous disease, and if it does not yield to treatment the necessity of excision of the affected area should be considered.

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The addition of suprarenal preparations to cocain enhances its anesthetic power, permitting of the use of weaker solutions. This combination, however, is only applicable when the resulting tissue-anemia is not undesirable.

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In old men suffering with hemorrhoids it must not be taken for granted that the existing symptoms are solely attributable to this affection, but it must be determined by thorough rectal examination whether there is not present an enlargement of the prostate, which of itself often gives rise to rectal disorder.

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The application of strips of fly-blister or of cantharidal collodion around a joint which is the seat of gonorrheal arthritis sometimes marvelously relieves the pain and functional disturbances. Care must be taken, of course, not to apply the cantharides over bony surfaces to avoid ulceration. The Paquelin is also an excellent means for this purpose.

---

The injection of sterilized olive oil into the urethra will often facilitate the introduction of bougies through what at first sight appears to be an impassable stricture. In fact, as long as a patient can force urine, even if only drop by drop, through a strictured urethra, there is every likelihood that by delicate manipulation an instrument can be introduced.

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In most instances, so-called spasmodic stricture of the urethra is really a spasm of the external vesical sphincter due to irritation, commonly the result of prostatic disease.

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In cases of urinary retention it is always advisable to leave some urine in the bladder during the catheterization, or if it has all been withdrawn, to inject 10 or 12 ounces of saline or weak boric acid solution.

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In operations upon the nose and throat during the cold season of the year the possibility of pneumococcus infection must always be considered, since this organism is commonly found in the nose and traumatism of the mucous membrane by the operation in connection with the lowered vitality of many of these patients favors its propagation and extension to the pulmonary tissues.—*International Journal of Surgery*.

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In strapping the chest for fractured rib, two points should be particularly noted: 1. The straps should pass well beyond the median line. 2. They should be applied in full expiration. One or two straps passed over the shoulder help much to secure immobilization.—*American Journal of Surgery*.

---

Children who complain frequently of pain in the stomach should be examined for evidence of beginning Pott's disease. Such cases treated before the development of curvature usually yield very satisfactory results.—*American Journal of Surgery*.



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With an injection of Kenneday's dark pinus canadensis and Listerine with soft water so as not to irritate the parts. It generally heals quickly. Sometimes I have used Sanmetto with balsam copaiba and spts. of nitre and mucilage of gum arabic. For injection use soft water and in a day or two inject a mild solution of acetate of zinc. In my hands Sanmetto has acted well.

W. W. Budlong, M. D.

Frankfort, N. Y.

**Brief Considerations in Convalescence.**

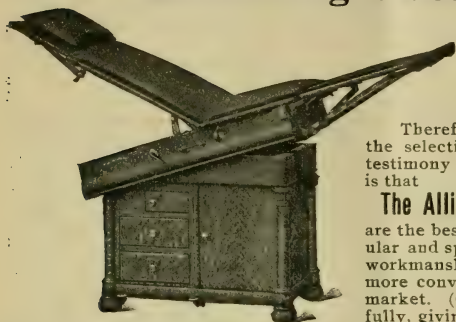
The care of patients during the period of convalescence from acute diseases is a field where much more could be accomplished than is generally the case. At the beginning the doctor exercises his best efforts in observation to make a correct diagnosis, and, if accomplished, seeks to adopt a line of treatment which shall avoid entirely or prevent the pitfalls which his experience tells him are possibly or probably in his patient's way. If, in spite of his

care, the patient becomes progressively worse or an unexpected serious crisis occurs, his activity necessarily redoubles, but once the crisis is passed and convalescence commences, it is unfortunately too often the case that interest in the patient slackens and the doctor's treatment becomes more and more perfunctory and routine like, and everything is left to the recuperative powers of nature. In many cases this blind confidence may be justified by the outcome, and the patient goes on to make a recovery. Too frequently, however, many patients are less fortunate and the tissue wastes caused by disease are slowly replaced or not at all, while the various organs of the body resume their interrupted functions only partially or imperfectly. In place of a normal appetite and of sufficient digestive powers of a normal convalescent in whom nature takes up again the task of building up, not merely replacing tissue, the appetite is poor and the digestive process inadequate, so that the food usually taken in these cases is not correctly prepared for assimilation and nutrition.

The mental status of a patient is abnormal; he takes no interest in his surroundings and there is no sharp rebound upwards, such as we may observe where proper nourishment is sup-

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plied from the first. The organs of elimination are also inactive and incompetent for their task, increased as it is by the excessive oxidation and accumulation of waste products which attend at this stage in all diseased conditions. The nervous system also plays an important part in the establishment of a complete convalescence. Perfect performance of its function by an organ depends upon the proper nutrition of the brain and spinal cord. Given a state of low vitality as in these cases of delayed convalescence, and all the organs of the body will suffer whether their function be secretion or elimination and their cells themselves, lack the requisite energy for taking up from the blood the materials necessary to their maintenance and to the development and formation of similar cells.

In all such cases, these several organs, the stomach and the intestines, the liver and the kidneys, the blood making tis-

sues, and finally, the brain and the spinal cord, need a complete and perfect nutrition associated with mild stimulation. These wants I have found ideally combined in Bovinine. It is a tonic and food par excellence, and I have found most frequently indicated in all forms of pathological conditions.

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The chance of anesthetic and surgical shock may be greatly lessened or avoided by proper preparation of the patient whereby there is secured restoration of normal activity of the liver, in particular, kidneys and skin, together with normal elimination by the bowels and correction of acid toxaemia. Inadequate preparation of the patient is responsible for more deaths than operations themselves, for, as a rule, patients requiring operation are not up to the normal standard of health. It is

hence a great risk to submit them to operation without sufficient preparation.

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### Consciousness and Its Degrees.

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# F

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C L 4

## Acute Abdominal Symptoms in Typhoid from Inflamed Mesenteric Glands.

R. S. Rowland, Detroit, Mich., (Journal A. M. A., February 17), reports two cases of typhoid fever illustrating the occasional difficulties of diagnosis. Both patients had pronounced abdominal symptoms; in one, perforation was suggested by the symptoms of pain, collapse, etc., in the other, appendicitis and tuberculous peritonitis were both suspected as complicating a possible typhoid fever, the characteristic signs of which had not yet been fully developed. In both cases, operation revealed, not the conditions suspected, but inflamed mesenteric glands. Rowland finds little positively stated in the literature on this complication of typhoid fever. His conclusions are giv-

en as follows: 1 "In some of the cases in which exploration showed no cause for the symptoms, these were probably due to changes in the mesenteric glands. 2 Some of the recoveries which have been reported from intestinal perforation without operation probably occurred in cases of this sort in which the symptoms simulated perforation. 3 McCrae's suggestion that pain and acute abdominal symptoms might be due to enlarged mesenteric glands is credible, and further observation and study will probably show that this condition is not, relatively speaking, a rare complication in typhoid fever.

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A member of a union said: "Blood counts; one of my ancestors was present at the signing of the Declaration of Independence."

### State Medical Society of North Carolina.

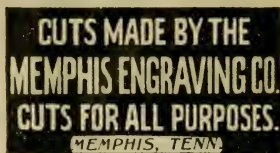
We are indebted to Dr. J. Howell Way, of Waynesville, N. C., Secretary of the Society, for a handsomely bound copy of "Transactions of Fifty-second Annual Meeting of the Medical Society of the State of North Carolina." The Society of North Carolina is one of the few state societies which adheres to the plan of an annual volume of transactions which can be preserved in good form for reference.

This volume indicates that the Society of North Carolina is doing the work which falls to a state society in a very able manner, indeed, and that the Society is in a most flourishing condition. We understand that the membership of this society has of late been very largely increased, and that this condition is largely due to the untiring efforts of its secretary, Dr. Way. It is difficult to estimate the value of a competent secretary to a society, and when one is found who is all right his services should be retained as long as he can afford to make the sacrifice of time which is always necessary to make the work of the office a success.—*International Jour. Surg.*

It has been positively determined that the agent which uniformly and un-failingly neutralizes and counteracts the rheumatic virus must be a natural product and not a synthetic one.

### Military Statistics of Typhoid.

In the discussion of comparisons, Simonin cites the results from civil hospitals in Europe and London in the mortality of typhoid, from 1901 to 1904. In four instances, the French civil hospitals show 18 per cent., the London civil hospitals 18.5 per cent.,



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the statistics from military hospitals abroad as well as those in the United States. The results emphasize again that hydrotherapy is the method of in lowering the mortality from typhoid fever.—Journal Military Surgeons.

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## MISCELLANEOUS.

### Patent Medicines and Proprietarys.

The vigorous attack on the patent medicine evil waged by Collier's Weekly and The Ladies' Home Journal has our hearty approval. We all know the danger in many of these preparations, and have all been disgusted by the noisy vulgarity of their exploitation.

-What we call patent medicines are the traditional and unmistakable articles—the perennial Peruna, the Pale Pills for Pink People, the Botanic Blood Balms, the various life-saving draughts for distressed females—alluringly alliterative in name, and seductively alcoholic in composition.

It is the history of most reform movements that they are apt to bring

out extreme personal points of view, conceived honestly enough, but lacking judgment. An example is, to our mind, found in the hasty and sweeping generalizations of Dr. Frank Billings, of Chicago. Under the term of "secret nostrums," he would include many if not the greater number of proprietary medicines used by the profession—remedies not advertised to the public (for the most part, surely) but objectionable to him, because the method of manufacture is not divulged in detail, and because they are marketed under trade-names. He condemns mixtures of any sort, urging that even in such cases where ingredients; or proportions of such ingredients, are published, we still have no certainty that the manufacturer is telling the truth, and it is

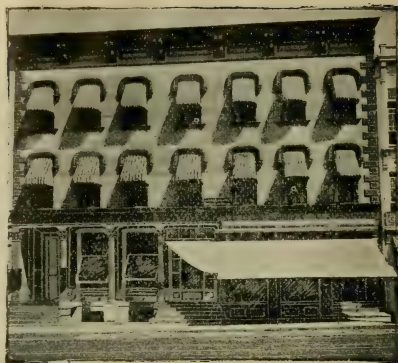


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better for these reasons to employ extemporaneous prescriptions.

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But in the defective state of this aspect of medical education and personal equipment, the profession has come to rely largely upon the manufacturer, and it can not be gainsaid that he has served them ingeniously and honestly in most instances, notwithstanding Dr. Billings' insinuations. Much of our progress in pharmacy, from the primitive and nauseating materia medica of our ancestors to the elegant, economic and concentrated remedies of to-day, is the fruit of the enterprise and intelligent effort to manufacturing chemists, from Pelletier on. To denounce these men in such sum-

mary fashion is neither seemly or just.

To be sure, there are poor preparations on the market, but we believe that a remedy must have value if it have wide usage among the better class of physicians. The proof of the pudding is in the eating. When a practitioner comes to have faith in a remedy, be it a mixture or not, be it a proprietary or not, he will continue to use it, and certainly will not be deterred by the objections Dr. Billings considers valid.

It seems to us that a more sober

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When writing your paper for the State meeting, remember several things; select a subject with which you have had rich and practical experience—anyone can read text-books without

going a hundred miles, leaving work and business, and paying three dollars a day to hear you read extracts from one; collect your thoughts, clarify and simplify them, boil them down and then write your paper; go over it again and cut out all non-essentials, and all self-evident data—and you will then have a paper from which everyone will learn something—and you will go home thoroughly satisfied and proud of your effort.

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coa root, 16 grains; Cascara Amarga, 16 grains; Potassium Iodide, 8 grains, and Cascara Sagrada, 40 grains. The dose is from one to two teaspoonfuls, three times a day.

While is is particularly indicated in the treatment of secondary syphilis, with or without mercury, Syrup Trifolium Compound with Cascara commends itself as a general alterative. In skin diseases it evidently stimulates the action of the emunctories, adjusts the balance of waste and repair, and produces marked improvements. Many eruptive diseases are aggravated by constipation, induced by sedentary habits, and in such cases Syrup Trifolium Compound with Cascara P. D. & Co. may be regarded almost as a specific. While regulating the bowels and restoring natural peristalsis, it continues

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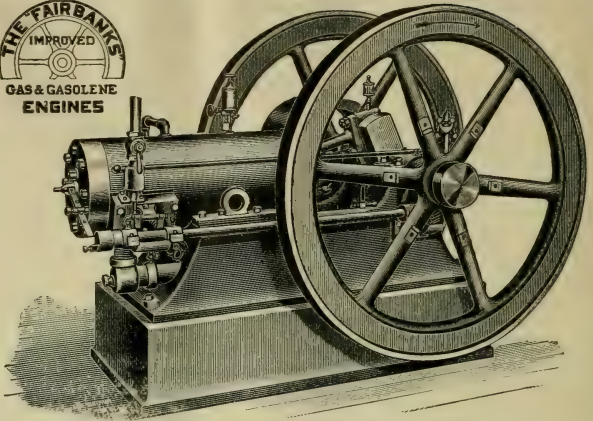
It also proves useful as a vehicle for calcium iodide in the acne of adolescents; iodide of mercury in specific ulceration of the fauces; and for the administration of large doses of iodide of potassium in tertiary syphilis. In



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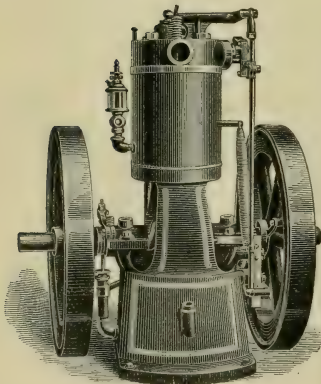
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anemia, chlorosis, amenorrhea, etc., the most favorable results are produced by altering it with some iron preparation.

### Spinal Anesthesia by Magnesium Sulphate.

Referring first to the already published work of Meltzer and Auer on the anesthetic action of magnesium salts, H. A. Haubold and S. J. Meltzer, New York (Journal A. M. A., March 3), relate the histories of seven cases in which magnesium sulphate was employed, in solution, by intraspinal injection to produce surgical anesthesia. Though the doses used were smaller than those used with safety in monkeys, they found magnesium sulphate in intraspinal injection as efficient an anesthetic in man as it had been found to be in animals. Even so small a dose

as 1 c.c. of the 25 per cent. solution to 25 pounds body weight is capable of causing complete anesthesia and paralysis of the lower part of the body, though not until two or three hours after the injection. In the case in which the largest dose, 18 c.c. was used the leg was operated on under complete local anesthesia 45 minutes after the injection and about three hours later, a deep general anesthesia set in and lasted for many hours. In all cases, a rise of temperature was produced, but it was perfectly benign and disappeared in from 36 to 48 hours. The pulse was always of good quality. Vomiting occurred in most cases, but as a rule post-operative vomiting had only the characteristics of regurgitation (no contraction of the abdominal muscles). Urinary retention lasting from 24 to 48 hours occurred in most cases and the

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bowels also had to be assisted by enemata. Washing of the spinal column by withdrawal of a few c.c. of the intraspinal fluid and injecting an equal amount of sterile salt solution, seemed to prevent after effects. The authors say: "As far as seven cases permit any conclusions, the following statements may be made. Intraspinal injection of magnesium sulphate is capable of producing anesthesia, and, if carried out with caution, seems to be a safe anesthetic. The following plan would seem the best, at least for the present: To inject about 1 c.c. of a 25 per cent. solution of magnesium sulphate for every 18 or 20 pounds of body weight and wait about two hours. It is probable that by that time the analgesia will be sufficiently advanced to permit the performance of an operation on any part of the lower half of the

body. A small dose of chloroform; however, should be administered to divert the patient's attention and to hasten and complete the anesthesia. Immediate washing of the spinal canal should follow the operation in all cases." Further experience will be needed before it is possible to say whether or not the method will serve for general anesthesia in operation on the upper half of the body. The necessity of having the salt chemically pure and the solutions sterile is self evident.

### A New Departure in Medical Teaching

The faculty of the College of Physicians and Surgeons of New York has extended an invitation to Professor Biggs of the New York University Medical College to deliver a course of lectures to the students of the former institution.

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The departure is significant in the history of American medical schools. It is not that the courtesy shown by the faculty of one medical school to that of another is especially worthy of remark, but that the incident denotes the sincere effort of medical educators of this country to supply to the student every facility and advantage and arouse in him an enthusiastic devotion to the science of Medicine.—*Brooklyn Med. Jour.*

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## A Dead-Beat Directory.

One of the greatest crosses he physician has to bear is the dead-beat. We all know him in his infinite variety, and many are the plans that have been suggested to get rid of him. Recently the physicians of St. Louis decided to publish a dead-beat directory for their guidance. The first edition of this

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directory will contain the names of some 15,000 persons who have forgotten to settle their doctor bills. The work will bear the title of "St. Louis Medical Credit Guide," and will be kept up to date by the issuance of a monthly sheet, and will be revised once a year. This plan is about the only one that is of any real value, and the physicians in other cities might adopt it with profit to themselves.—*Med. Age.*

### **His Wife's Medicine.**

A man went into a drug store and asked for something to cure a headache. The druggist held a bottle of ammonia to his nose, and he was nearly overpowered by its pungency. As soon as he recovered he began to rail at the druggist.

of the medical practice law and cutting  
"But did not it help your headache?" asked the apothecary.

"Help my headache?" gasped the man. "I haven't any headache. "It's my wife that had the headache."—*Selected.*

### **Advice by Telephone.**

The habit some patients have of calling up their physician by telephone and asking advice is one that has perplexed medical men in regard to the charging of a fee for such consultations. Many patients seem to think that if they have a physician attending them that they are at liberty between visits to telephone for advice on any trivial point in regard to their illness and ought not to be charged a fee. An English journal relates a very curious lawsuit brought about about in this manner. A very busy practitioner had in several instances been asked by telephone to give his opinion as to the continuance or otherwise of treatment of patients

seen by him a day or two before. When sending in his bill he charged for these consultations like other ordinary consultations, and the patient declined to pay. The judge, after hearing several experts, decided that not only the time but also the experience and knowledge of the practitioner had to be paid for, and that opinions given by telephone are as valuable as those given to the patient by word of mouth. The patient had to pay the costs of the action—*Medical Age.*

Oil of winergreen contains 96 per cent. of methyl salicylate and a recognized authority has stated that he had never seen cyanosis follow the use of the salicylates from the natural oil, but only when the synthetic acid was used.

### **A Legal Definition of the Practice of Medicine.**

Judge Green, of New York, has recently promulgated a definition of the term practice of medicine. Many of our courts have shown a disposition to limit the meaning of the expression so as to make it cover only such practice as involved the administration of some drug. That, of course, is an absurdly inadequate definition, and it is difficult to see how the legal mind could ever have been satisfied with it. Judge Green's definition, though not a masterpiece, is a distinct improvement on those that carry the restriction mentioned. It is as follows:

The practice of medicine is the exercise of : performance of any act, by or through the use of any thing or matter, or by things done, given, or applied, whether with or without the use of drugs or medicine, and whether with or without fee therefor, by a person holding himself or herself out as able to

cure disease, with a view to relieve, heal, or cure, and having for its object the prevention, healing, remedying, cure, or alleviation of disease.

In spite of what we must regard as lameness of phraseology in this definition, we presume it will be interpreted as in the main identical with the medical profession's general conception, save for the fact that it seems to regard the practice of medicine as consisting wholly of therapeutics. There are instances, it seems to us, in which the announcement of a diagnosis or a prognosis may of itself be held to constitute an act of medical practice, for, if the patient is guided by it, the consequences may be momentous. Still, the courts move slowly, and each step in their progress is likely to bring us nearer to a satisfactory ruling.—*Ed. N. Y. Med. Jour.*

### Hard Luck.

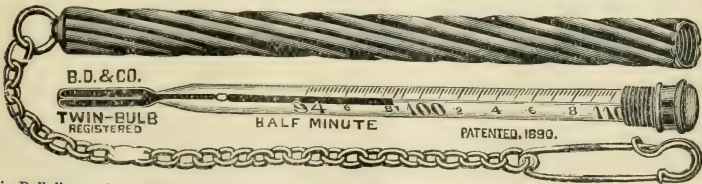
The surgeons of Wyoming certainly have a hard time meeting irregular competition. They should at least organize against such flagrant violation down of fees as implied in the following from the Wyoming Tribune:

"W. J. Hennessy, the mail clerk who was injured in the collision at Gran-ger on train No. 3, had a peculiar experience. When the train struck he was thrown against the mail rack and had his right shoulder dislocated. The re-bound threw him against another rack, forcing the dislocated shoulder back into place."—*Colorado Medical Journal*.

If a swelling is "fluctuating" do not be too sure that it is not a solid growth. Lymphangiomata fluctuate.—*American Journal of Surgery*.

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## University of Maryland Alumni Association.

The following is a copy of a letter being sent out to University of Maryland men in North Carolina. Being a move in the right direction, we gladly give it space and extend good wishes to the movement:

CHARLOTTE, N. C.,

March 12th, 1906.

DEAR DOCTOR:—There has been a long felt need and frequently expressed desire on the part of the University of Maryland graduates in North Carolina, to have an Alumni Association in North Carolina, but seem no one felt like taking the initiative to organize such an association.

As the State Medical Society meets with us this year, I take the liberty of calling a meeting of all the Alumni immediately after the afternoon Session of the Society, May 29th, 1906, to consider the advisability of organizing such an association.

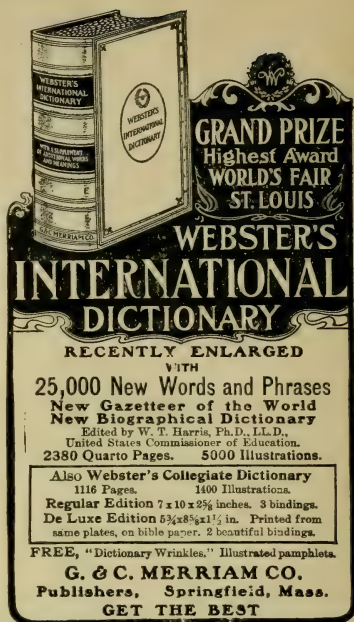
As an alumnus of this institution, I am sure you are interested in the movement, and personally I shall appreciate very much your hearty co-operation in perfecting this organization, and making it both profitable and pleasant, therefore we shall be very glad to have you present at this meeting. A good beginning means much.

Yours Fraternally,

ANDREW J. CROWELL, M. D.

Barr considers that the excessive use of nitrogenous foods kill more adult men than alcohol—the mischief being due to the waste products.—*Idem*.

Cabot considers the most reliable data in regard to renal disease are obtained from the specific gravity, twenty-four hour quantity and the color.



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**GET THE BEST**

In the administration of the salicylates it is of the greatest importance that the acid should have been derived from the natural oil of wintergreen, which is the only kind of salicylic acid used in Tongaline.

John Marshall, professor of chemistry in the University of Pennsylvania, has recently pointed out that meat extracts "contain only the slightest quantity of nourishing material."

Rodman says that in mild cases of shock due to anesthesia and the operation combined, nothing more is required than oxygen, a decided lowering of the head, and artificial heat.

In the treatment of all acute throat diseases a valuable adjunct to local treatment is a full dose of epsom salts.

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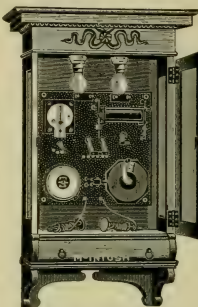
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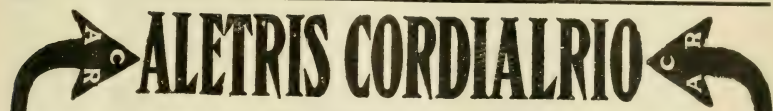


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## ORIGINAL COMMUNICATIONS.

### Some Remarks on the Diagnosis of Gallstone Disease with Report of Cases to Illustrate.

(By J. F. Highsmith, M. D., Surgeon to Highsmith Hospital, Fayetteville, N. C.)

In reviewing the mortality of operations for gallstone disease by various operators, one is impressed with the very fortunate outcome where the gallstones were in the gall bladder, and before there were any complications. For instance, Mayo reports 1,100 cases with 55 deaths, or an average mortality of 5 per cent., counting as a death every operative case dying in the hospital, without regard to cause of death or length of time after the operation. Taking the cases as they come, he reports 897 cases where the disease was confined to the gall bladder, and for

benign conditions the mortality was 3 per cent., including in this group acute and chronic affection, local peritonitis, complicating intestinal fistulae, etc. In 456 cases of simple gallstone disease, he reports the mortality less than one-half of 1 per cent. In 149 operations for common duct stones, the mortality was 10 per cent. In 44 cases, or 4 per cent., malignant disease had already developed, and the mortality was 21 per cent. With such statistics before us, it must at once bring up the vital question: Can the diagnosis of gallstone disease be made while the conditions are favorable, the mortality low, and the cure almost certain? I believe as a rule it can. There are, of course, some exceptional cases which cannot be accurately diagnosed. But these cases can be reduced to the minimum. Even a superficial inquiry into



the common duct series, will demonstrate the fact that in a majority of these cases, the diagnosis could have been arrived at in the earlier stages, and a safe operation performed during the initial period without having to wait from time to time and the danger from operation becoming more serious.

The differentiation of the surgical from the medical cases is uncertain, and often impossible. Perhaps the greatest obstacle to be overcome is the false knowledge and prejudice handed down to us by a literature founded upon theory and misconception. But once clear the atmosphere of this fog passes away, and the diagnosis begins to be easy. The reason for the symptom becomes clear, like every other thing when seen, it is so simple that the wonder of it is that someone had not explained it before. One can almost mourn for our old favorites, "bilious" and "hepatic" fever, "gastralgia" and "stomach cramps," and a host of other similar delusions based upon the "feeling" of the patient, while the true secret lay buried under the term gallstone. There are a few anatomical facts which will explain many of the symptoms of the gallstone disease. The gall bladder is an offshoot of the biliary apparatus, is about three inches in length, and holds one and a half ounces of bile. The base of the gall bladder is slightly dilated and forms a little pouch, by the reduplication of the mucous membrane, and lies obliquely, and its end is directed downward and forward, and to the right, and touching the anterior of the abdominal wall at the junction of the outer border of the rectus and the costal cartilage, this point corresponds almost exactly to the tip of the ninth rib. The cystic duct does not

leave the lower part but at a point on the inner wall slightly elevated above the neck, and is about one inch in length and ranges downward.

The cystic and hepatic ducts form the common bile duct. The common bile duct is slightly more than three inches in length, and extends from the point of its formation at the junction of the cystic and hepatic ducts downward and slightly to the right, and ends with the canal of Wirsung in the ampulla of Vater. The blood supply in the gall bladder is through the cystic duct being above and slightly to the inner side. In cutting across close to the common duct there are small branches in the hepatic which may be wounded. A large vein occasionally crosses the common duct, and when injured is often supposed to be the portal vein. The nerve supply is very interesting. Lennandar has shown that the abdominal viscera had no sensation but that the parietal peritoneum was very sensitive. There is one exception to this rule. Jonas has pointed out two branches which pass from the four lower dorsal and two upper lumbar nerves along the diaphragm. The terminal filaments pass to the common and cystic duct and neck of the gall bladder thus accounting for the deep median line pain of the colic and the attendant spasm of the diaphragm. From the days of Galen up to comparatively recent times, the belief was universal that gallstones were the result of the coagulation of bile induced by the increase of heat in the liver. It is now the general consensus of opinion that gallstones are the result of cholecystitis. Much attention has been given to the influence of bacteria in the formation of gallstones.

The bacteria probably reach the gall bladder through the bile current rather than by an ascending infection from the duodenum by way of the common duct. It has been shown by Musser, Mayo and others that the majority of people subject to gallstones have had mild attacks of cholecystitis, at various times before the formation of the stones. The symptoms which lead most constantly to a correct diagnosis when gallstones are present are, not jaundice, passing of gallstones, with the feces, colic, etc., but, 1st, digestive disturbances, a feeling of weight, a burning in the stomach after eating, and an accumulation of gas in the abdomen. 2nd, a dull pain extending to the right from the epigastric region and progressing upward under the right shoulder blade. 3rd, a point of tenderness upon pressure between the ninth costal cartilage on right side and the umbilicus. 4th, in many cases there is a slight tinge of yellow in the skin, not sufficient to be recognized as icterus, but still sufficient to be perceptible upon close inspection, especially on the days on which the patient is not feeling very well, when she complains of being "bilious." 5th, there is usually an increase in the area of liver dullness. 6th, there may be a swelling of variable size opposite the end of the ninth rib. Of course, if we have added to these symptoms the biliary colic, followed by jaundice, and possibly by the passage of biliary calculi, our diagnosis is still further confirmed. But even without these last three conditions, we must make the diagnosis ordinarily or we will miss it in most patients suffering from gallstones. It is a rule which has been confirmed by operators of experience that the long suffering of years with many,

and treated as indigestion without relief, referring to the stomach and not to the liver, but with the epigastric pain, nausea and vomiting, neuralgia of the stomach, spasms, colic, etc., upon operation, have been shown to be cases of gallstone disease. The disturbance, which is likely to be caused by the presence of gallstones may be chronic in character, taking the form of digestive disturbances, giving rise to almost constant discomfort. This condition is probably due to interference with the passage of food into the duodenum. As long as the gallstone remains in the gall bladder, without causing any complications, the harm is relatively slight. The comfort will be greatly disturbed on account of the disturbance of the digestion, but in the active cases which we are apt to come in contact with in our respective practices, the diagnosis is generally based on the colic. The patient is seized with severe pains in the median line, just beneath the ensiform cartilage. The pain radiates usually to the right, and occasionally to the left, and may pass through to the back, or up through the sternum. This typical colic lasts from a few minutes to a few hours, and is relieved by nausea and vomiting, or a feeling of movement of gas in the bowels, unless cut short by anodynes. There is no quickening of the pulse, nor elevation of the temperature. The patient relieved, feels quite well, eats and digests well, and beyond a little rigidity in the rectus muscle, has no physical evidence of disease. The most confusing cases are those in which the appendix lies in the pelvis, and we have a case of appendicitis to deal with, but the pain then radiates downward or to the left, or over the lower abdomen. Renal colic

can be differentiated by the pain passing through the loin, and is most intense behind and radiating downward into the testicle, with the history of some urinary disturbance and the tenderness to pressure is greatest just below the twelfth rib behind. The second stage of gallstone disease means an obstruction at the pelvis of the gall bladder.

The attack may begin as typical colic, but instead of passing off quickly is replaced by a tenderness in this region. The pulse quickens a few beats, the temperature rises to 102 and then the distended gall bladder may become contracted with a slow absorption of the fluids. This is often attended with peritonitis, and now for the first time in the disease we have a slight, quickly receding, jaundice due to the interference of the common duct and its drainage from the plastic peritoneal deposit. The case is now a typical one of chronic stomach trouble, dyspepsia, etc. There may be recurring attacks of regional peritonitis, but no more distinct colics. Adhesions to the pylorus may interfere with the gastric motility, resulting in dilatation of the stomach, etc. Then the stone may pass into the cystic duct and give rise to fever, temperature 103 to 104, chills and quickening of pulse, lasting a few hours, recurring at irregular intervals of hours or days. The pain is boring and deep-seated, and may last for a number of hours or for days, continuously as the stone passes. There is often temporary jaundice. The stone passes into the common duct. As a rule the temperature assumes a characteristic malarial curve, chilly sensations with a sudden rise in temperature lasting for a few hours and running perhaps as high as 107. Jaundice during

the acute stage is present in a varying degree, and with each exacerbation of infection, there is a slight increase in the icterus. In about 1-4 of the cases there is a quiescence which may last weeks or months, the only symptom complained of being gastric disturbance. There is also some loss of weight. The interval is the safe time to operate, and the death rate at this period is not above two per cent. Sooner or later changes develop on the wall of the common and hepatic duct, and infection becomes more active. Jaundice increases and there is a more rapid loss of flesh, and a progressive anemia. The safe time has passed to operate, and the mortality is from 10 to 30 per cent. As a rule in all duct cases, both cystic and common, there is unconscious resistance to deep pressure over the upper right rectus muscle during inspiration. Jaundice when present has no part in the diagnosis of the gall bladder stone, but many times a complication arises in one of several different ways. First, stones in the bladder may give rise to cholecystitis. The infection travels to the common duct and produces cholangitis, with jaundice. Second, a local peritonitis is established and a plastic deposit in the fissure of the liver compresses the common duct and causes jaundice. Third, a stone impacted in the cystic duct may compress the common duct. Fourth, the cholangitic infection may extend into the pancreatic duct, causing chronic pancreatitis and jaundice. Jaundice from malignant disease has usually the early history of gallstones, and there is apt to have been a prolonged period of quiescence. This fact has been shown to be true by Moynihan, Mayo, Oschner and others. Cir-

rohis of the liver may produce jaundice, but the alcoholic history and enlarged spleen and ascites so often present permits differentiation. Catarrhal jaundice, so common in young people, has nothing in the examination or history to suggest biliary calculus. The urine should be carefully examined, although there is nothing characteristic about it beyond the presence of bile. Immediately following the attack, examination of the feces may disclose calculi, but this does not often happen. Finally there are a few patients who come to us with severe symptoms in the upper abdomen so serious that if they had been located in the pelvis or appendiceal region operative interference would have been instituted at a much earlier period. We may not be able to make a pathological diagnosis, but we can a surgical one. That is we can demonstrate beyond question that the cause of symptoms is one of several conditions, all of which are surgical, and such being the case operation should be instituted before gross pathological changes make the differential diagnosis more certain, but unfortunately the prognosis less favorable. It is a question to be decided on its merits, and the patient should be allowed the choice in doubtful cases. I would not advise a reckless resort to the knife for explanatory purposes. We should avail ourselves of all the diagnostic measures to be obtained from laboratory and from the physical examination and beyond all from the history of the patient, but is a false conservation which stands in the way of early operative interference in gallstone diseases. The following is a brief record of illustrative cases:

Mrs. D., married, age 24, mother

of one child, twelve months old, was kindly referred to me by her physician, giving briefly the following history: For the last three years had been a constant sufferer from indigestion, bilious attacks, nausea and vomiting, constipation. During her pregnancy she suffered greatly from colic, with a burning sensation in the epigastrium, radiating under her right shoulder blade. Eight months after the birth of her child she was visiting the beach and while out sailing she was suddenly seized with a very severe colic, so intense that she almost died before reaching the shore. After the use of powerful anodynes, she was relieved to some extent. She thought this attack due to errors in diet, but she did not recuperate from the attack. Her digestion still remained impaired, her bowels constipated, no appetite and colic pains coming on from the taking of food especially in bulk. She could eat any kind of food but suffered always after eating. There was tenderness over region of the gall bladder with some rigidity of the right rectus muscle, no jaundice, no fever. On September the 1st she entered the hospital for diagnosis and treatment. She had a slight laceration of the cervix, which fact had prompted her physician to send her to the hospital, thinking that this had something to do with her weakened condition. I kept her in the hospital for ten days before operating, dieting, regulating her secretions, etc. She steadily improved to all external appearances, with the exception of her indigestion, which still troubled her. She would have colicky sensations each time after taking food, and her bowels were continually constipated. On September 15th, I made an exploratory in-



cision in the median line, found that the appendix was diseased. The masso appendix showing numerous adhesion of the cecum. I removed the appendix, thinking that this might be of sufficient cause for the indigestion. Then examining the gall bladder I found it filled with gallstones. I closed the median incision in the usual way and made an incision over the gall bladder, and on opening the gall bladder I removed 39 gallstones. One stone was impacted in the cystic duct. This I could not milk back nor could not get a probe through, though I think there was some opening by it as the case was not jaundiced. I lifted up the gall bladder, went in from below through the cystic duct, opened the duct and with a scoop scraped out the stones. Closed this incision with cat gut and drained. Then I placed the rubber drainage tube in the gall bladder and attached the gall bladder to this drainage tube along with the peritoneum, and then closed the wound after the usual method.

I removed the drainage tube in ten days; at the end of three weeks the opening had entirely closed, bile was no longer thrown out, and the patient was discharged as cured. She did not have any temperature above 100 during the post-operative stage. Has been well since; digestion good, and has gained in weight and strength.

Mrs. T. came to me Aug. 1st, to all appearance suffering with an attack of remittent malarial fever, with a torpid liver, coated tongue and bad digestion, such as one might look for in a case of malarial fever. No decided jaundice, chilly sensations. I treated her for four weeks, her temperature ranging from 101 in the morning to 103 in the evening. She was given repeated

courses of calomel, phosphate of soda, quinine, etc., with supportive treatment in general. At the end of the third week she was without fever. I left the city August 20th, thinking she was well but for her stomach, but in my absence, on the 25th, her temperature suddenly rose to 105, with chilly sensations and all the symptoms of another outbreak of her former trouble. After the bowels were opened in a few hours she remained at a standstill, no digestion, gradually becoming jaundiced, this fever passed off. On the 10th of September I was again called to see her, I found that she had not regained strength, that she had no digestion, she was sallow and looked as if though she might be in the first stages of some malignant disease of the liver. She had in this time become decidedly jaundiced, having chills daily, temperature ranging from 102 to 106, then normal. After watching her for five days, on the 15th of September, with her consent, I operated. On opening the gall bladder I found it packed with gallstones, removing 80 large stones. There was not a sign of bile in the gall bladder, the gall bladder was greatly thickened, more than three times the usual thickness, with simply a glaring mucous in it. I was able to remove all these gallstones and also to milk back those that were deep in the bottom of the gall bladder and in the first portion of the cystic duct. There were a good many adhesions to the duodenum. These I broke up, and thought at one time it would be best to do a cholecystomy. Then decided to drain the gall bladder and take my chances. I placed in a rubber drain and for three days did not have one sign of bile from it. I then

took a scoop and run down through this rubber tube and found the lower end of it blocked with mucous. I cleaned this out as well as I could with dry gauze, then with a small piston syringe I introduced about three drams of sweet oil in the gall bladder, repeating this for two or three days. About this time the bile began to flow freely, having to change the pads several times daily. I then felt that I was on top. From this time on the patient made an uninterrupted recovery. The drainage tube was removed the 10th day. The opening was left alone and healed on its own accord a few days later. The patient, though she is 57 years old, now looks better than for years, has had no return of colic, digestion good, having gained in weight and strength and speaks of the success of the operation.

### Gallstones.

(By LeGrand Querry, M. D., Columbia, S. C.)

My first idea in presenting this paper was to report some cases, but when I recalled Mr. Bland Sutton's preface to his work on Gynecology, the idea was changed entirely. The preface reads as follows: "When physicians learn to restrain their vanity and cease from publishing long lists of uninteresting cases, the accomplished facts of our science may be presented in much more conventional form."

In casting around for some suitable subject of practical importance on which to write, it has occurred to me that none could be more practical or more important than Gall-Stones.

Statistics compiled from the highest

authorities on this subject prove that gall-stones are present in about ten per cent. of all bodies that come to the postmortem table for examination. One high authority makes this statement: "On an average, every tenth human being, and of elderly women, perhaps one-fourth, has gall-stone."

As an explanation of this remarkable frequency of this malady is submitted the following: The gall-bladder bears a close resemblance, in construction, to the appendix, urinary-bladder and renal pelvis; we have at one end of each of these organs, practically, a closed pouch. So long as no trouble arises to prevent them from emptying themselves all is well, but just as soon as some obstruction arises trouble is very likely to follow. "The injury may be simple catarrhal at first but will later become destructive to the mucous membranes, giving rise to ulceration; this will result in cicatricial condition, then in further obstructions."

Manifestly in an organ so placed and so constructed, drainage is imperfect, and this increases the likelihood of infection. We now know that infection nearly always precedes the stone formation.

On examination into the history of any considerable number of cases we practically always find that the patients have for a long period of time suffered from so-called indigestion, gastritis, etc.; this is the symptom that needs to be watched most closely, for often by this just and accurate interpretation we will be able to make an early diagnosis; here, as elsewhere, the sooner we make our diagnosis the more promptly we afford radical relief and the greater will be our chance of a permanent cure, conversely, the longer the disease is

allowed to stand the more extensive and severe will be the pathological process and the less likelihood of a cure. Indigestion is not nearly so often a disease, per-se, as it is a symptom, there is no more frequent mistake than that of treating those vague gastric disturbances as indigestion; as it has been said already, in nearly every instance, one gets a history of "chronic gastric disturbances;" curiously enough, there is a definite relationship between the muscular contractions of the stomach and the gall-bladder.

A slow chronic infection with obstruction to the outflow of bile is the essential factor of gall-stone formation. In six consecutive cases operated on recently there was definite history of typhoid-fever in each case. The following table will illustrate fully the etiology of gall-stone:

1. The bacillus coli and the bacillus typhosus are the specific organisms concerned in the formation of cholesterin calculi.

2. The streptococcus pyogenes and the staphylococcus pyogenes aureus are rarely the causes of gall-stone formation. When they are, the stone consists solely of calcium salts.

3. If the bacillus coli and the streptococcus or staphylococcus are present, the stone is of mixed formation, consisting of cholesterine, calcium salts and bile pigment.

4. The bacillus subtilis grows well in bile but does not alter it in any way.

The following conclusions may be accepted:

1. The chief constituents of gall-stones, cholesterin, bilirubin and calcium are produced by sub-acute inflammatory changes in the mucus membrane of the gall-bladder, which results in

desquamation of epithelium and increases production of mucus.

2. The infection of a virulent culture of micro-organism produces an acute cholecystitis without the formations of gall-stones.

3. The injection of attenuated culture causes no change if drainage from the gall-bladder is free.

4. Retention of bile, brought about by introduction of sterile foreign bodies does not cause the formation of stone.

5. If retention of bile be brought about by ligature of the cystic duct or by the irritation of foreign bodies (which causes a stasis of the bile adhering to them and between them), and an attenuated culture be injected, stone formation will occur.

6. The clumping of typhoid bacilli within the gall-bladder may possibly furnish an explanation of the occurrence of cholelithiasis after typhoid fever. Pain due to gall-stone formation is either localized or referred. Localized pain is caused by increased tension and is limited to gall-bladder; in certain cases where the infection is very virulent and more widespread, pain, at times, is quite unbearable. "The most characteristic and constant sign of gall-bladder hypersensitiveness is the inability of the patient to take a full inspiration when the physician's fingers are hooked up deep beneath the right costal arch below the hepatic margin. The diaphragm forces the liver down until the sensitive gall-bladder reaches the examining fingers, when the inspiration suddenly ceases as though it had been shut off." I have never found this sign absent in a case of calculus or in infectious cases of gall-bladder or duct disease. Both the localized pain and the more diffused

pain are due to infection and inflammation; in the one infection is confined to the gall-bladder producing gross charges; in the other the inflammatory process has involved the adjacent structures and welded them together with dense, unyielding adhesions. Pain due to gall-stone colic is about as severe suffering as one is ever called on to bear; this variety of pain is always due to the spasmodic contraction of the muscular layers of the cystic or the common duct in their effort to expel the stone; should the stone be small enough to pass through the duct without causing muscular spasm, the suffering is not so intense. The spasmodic pain of hepatic colic is not observed so often as the dull or more localized pain of the diffused infection already mentioned; for this reason, in a great number of cases, the stones remain in the gall-bladder. By referred pain is meant pain that is referred to the right sub-scapular region, occasionally to the left. Nausea and vomiting are partly reflex due to direct involvement of the stomach. Maynihan says: "It is the frequency of nausea and vomiting that is responsible for the unjust and heavy burden laid on the stomach. If one wished to frame an epigram he could, with truth, say that the most common symptoms of gall-stones were due to indigestion."

Jaundice is a rare symptom of cholecystitis. According to Murphy it is only present in about fourteen per cent. of all cases, which opinion is in thorough accord with other competent observers. Jaundice in gall-stone diseases depends on the presence of a stone in the hepatic or common ducts; stones in the cystic duct do not produce jaundice unless they are unusually

large. Jaundice due to gall-stones is practically always preceded by colic; one high authority makes this distinction in jaundice due to gall-stones the golden yellow predominates, in jaundice due to malignant diseases the green color. We must remember that in over eighty per cent. of cases where jaundice is due to common duct obstruction by gall-stones the gall-bladder will be found contracted; where we have a dilated and distended gall-bladder with jaundice the cause will be other than stones. A painless and deepening jaundice with a distended gall-bladder is very characteristic of malignant diseases, most probably at the head of the pancreas. "There were 187 cases of obstruction of the common duct from all causes. Of these 100 were due to obstruction by stone. Of 100 cases in which obstruction was due to causes other than stone in 92 cases there was a normal gall-bladder. Of 87 cases in which the obstruction was due to stone, in 70 cases the gall-bladder was small and atrophied; in 17 cases the gall-bladder was dilated."

The following is now generally referred to as Courvoisier's law: "In cases of chronic jaundice or to blockage of common duct, a contraction of the gall-bladder that the obstruction is due to causes other than stone."

The temperature has been aptly styled the "steeple temperature" because the variations are so sudden and varied. Murphy speaks of the "temperature of a cholangic infection." One's temperature will rise to 105 degrees F., then almost as suddenly fall; often times we see a rigor, especially in severe cases. Between the paroxysms the temperature may remain practically



normal; the rise and fall is very abrupt and irregular.

Tumors of the gall-bladder are generally easy to recognize; they may be due to malignant disease of the gall-bladder itself, or to anything that may produce obstruction to the common duct. In not a few instances the stones are so numerous as to produce a tumor. Where tumor is present we usually find the characteristic pear-shaped mass immediately beneath the edge of the liver and under the ninth costal cartilage. The following group of symptoms will enable us to make an early and accurate diagnosis.

1. Digestive disturbances, a feeling of weight or burning in the vicinity of the stomach after eating, with gaseous distention of abdomen.

2. A dull pain extending to the right from the epigastric region around the right side about a level with the tenth rib, passing to a point near the spine and progressing upwards under the right shoulder blade.

3. A point of tenderness upon pressure between the ninth costal cartilage on the right side and the umbilicus.

4. In many cases there is a slight tinge of yellow in the skin, not sufficient to be recognized as icterus, but still sufficient to be perceptible upon close inspection, especially on days on which the patient is not feeling very well, when one complains of feeling "bilious."

5. There is usually an increase in the area of liver dullness

6. There may be a swelling of variable size opposite the end of the ninth rib
7. When stones obstruct the common or cystic duct we see clay colored stools. No mention whatever has been made about treatment. We hope

that this aspect of the subject will be developed fully in the discussion; incidentally, our own personal view is that gall-stones is just as much a surgical malady as is appendicitis. The questions at issue are surgical ones, and a competent surgeon should be given the earliest opportunity to decide them. What we of rank and file stand in the greatest need to-day is a knowledge of pathology; we do not need so much to know how to operate, as how to make an accurate diagnosis. In the deepest meaning of the word there is no such thing as surgery apart from pathology. There may be operations, but this is not surgery in the broadest and most philosophical sense. If a man be a pathologist he may be neither a surgeon or a physician, but he can be either he elects. Reduced to its last analysis, the solution to gall-bladder and duct surgery and to the surgery of the appendix, as well as the fore-stalling of fatalities, complications and sequelae, lies in the increases knowledge of pathology among the average medical man, and not until then will he be able to understand the danger of that sinister word, procrastination.

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### Some Practical Helps to Early Diagnosis.

(By E. T. Wilkinson, M. D., Wilson, N. C.)

If one-half of the medical world could know just how the other half examines we would all soon become more painstaking, more thorough, and in every way better diagnosticians.

Now that our surgical procedures are so exact and therapeutics more scientific and successful the art of diagnosis

begs to come into greater prominence.

In order to come naturally to the special points that I want to discuss, I propose to follow closely throughout such an outline as I follow daily in the examination of chronic patients.

The purpose of the life insurance companies is to detect early any evidence of disease; and they succeed very well, covering the entire field except in the one important point of the examination of the blood.

So I find it convenient, systematic and thorough to follow one of the life insurance examination blanks as a guide to such special investigation as this general examination may indicate. Such a system reviews every organ of the body with the history of its ancestors and often reveals what otherwise would have escaped unnoticed.

Having the name and address of the patient for further reference, I learn that he is or is not married, and that his health is somewhat impaired. I learn whether he has been attended by other physicians, with such names and addresses, being sure at the same time, for sake of comparison, to ask the patient what the other physicians said as to his condition. Asking as to his travels and changes of residence I learn much of the mental tendency and disposition on the individual as well as to decide to make certain tests as to diseases peculiar to certain sections. I have found the malarial plasmodium such indications which proved sufficient to clear up all vague symptoms.

One's habit and history as to the use of intoxicating liquors has a profound bearing upon the examination, treatment and prognosis of men, as does opium, morphia, chloral and other narcotics frequently used by women.

Many patients will say that they have never had any disease of any consequence and yet when the list of special diseases is gone carefully over it is learned that a troublesome cough or some disease of the throat has existed either for years or for a week or two. Either leads to the question of sputum raised from the bronchi and to the best method of its examination for the tubercle bacillus. One hundred per cent. of all microscopic examinations made of sputum from chronic patients are for the tubercle bacillus.

The shortest, most accurate and most constantly satisfactory staining method is one that requires no special tact or skill and one that the beginner can do with entire satisfaction. It is as follows:

1. As the greater portion of sputum consists of secretion from the naso pharynx and the salivary glands of the mouth I select with forceps the most purulent lump of sputum and smear it thinly and smoothly as possible over a cover glass.

2. After drying that preparation by holding with the fingers over an alcohol flame, then passing it in forceps, sputum side down, three times through the flame, it is flooded with carbolic fuchsin (carbolic acid crystals 5 gm., fuchsin, saturated alcoholic solution, 10 gm., water 100 gm.) and gently steamed over the flame for about 30 seconds, being sure to use enough stain and so little heat the stain does not dry on the cover glass.

3. Washing in water I then decolorize in a 20 per cent. solution of sulphuric acid about 20 seconds or preferably until a slight pinkish tint remains after washing in water.

4. Washing in 95 per cent. alcohol

for a few changes followed by water beings out all the excess of color.

5. As a counter stain the glass is covered with Loeffler's methylene blue for about 30 seconds, washed in water, dried on blotting paper then mounted in Canada balsam. The entire process requires not more than five minutes.

A search is then made with I-12 oil immersion and continued for five minutes or until the bacilli are found. Any red stained bacilli in a specimen so stained is practically pathognomonic of tuberculosis as other acid resisting bacilli almost never occur in the lung.

A negative diagnosis is made only when six or more such careful examinations have been done from specimens obtained several days apart. When tuberculosis is suspected but no sputum can be obtained, the bronchial secretions are stimulated by giving 10 grains of potassium iodide three times a day. If the patient be a young child the sputum is obtained by wrapping the finger with gauze and by inserting it into the pharynx.

Coming to the examination of the chest I am careful to do this in one systematic way and as nearly under the same circumstances each time as to the relative position of patients and myself as is possible, preferring to be seated and in every way comfortable while percussing. The entire percussion of the chest is done with a view of making the most delicate comparison. So I percuss one stroke on one side then one on the corresponding point of the opposite side, rather than first down one side then down the other. And I remember always that the first percussion sign of tuberculosis show up by percussing through the

clavicles and in the spaces immediately above.

If I fail to get satisfactory evidence of tuberculosis and still have a suspicion I use the method of injecting tuberculine which causes a febrile reaction if tuberculosis exists. If this febrile reaction appears the diagnosis of incipient tuberculosis may be considered absolute and certain.

If there is evidence of disease of the stomach I accept as a fact that there are many neuroses of this organ but only two diseases—ulcer and cancer.

If the patient happened to be as much as 40 years of age and has previous to that age had no stomach trouble, the disease is almost sure to be cancer, and has at this age no more conformatory symptoms. Otherwise a quick but sufficiently accurate examination of the stomach contents and of the stools is hastily made.

Hyperacidity with excess of hydrochloric acid and either the history of vomiting of bright red blood or the occurrence of any tarry stools which prove to be blood, point definitely to ulcer of the stomach or of the duodenum.

A reliable test of the presence of blood in the stomach contents or the stools is as follows.

1. Extract with ether added to the specimen.
2. Add acetic acid.
3. Draw off with pipette the ether extract.
4. Add alcoholic solution of guaiac (made by dissolving gum guaiac in alcohol and adding a drop of two of peroxide of hydrogen to the solution which, if the mixture is good, remains colorless.) Blue reaction proves presence of blood.

The examination of the urine gives information well known to every practitioner but is it remembered that the old standard chemical examination shows more than any microscopic examination yet known.

The examination of the blood is on an equal footing as to importance with any of the other outlined examinations.

The haemoglobin tests made in every case, showing the degree of anaemia.

A stained blood film is made in nearly all cases and gives invaluable information in many ways.

The total leucocyte count is made in many significant and all puzzling cases to determine the presence of leucocytosis, lymphocytosis, etc.

The red blood count is rarely made, but is made in some significant cases in order to determine the percentage and color index of the corpuscles.

A stained blood film may be instantly made for immediate study by the use of either Wright's or Jenner's blood stains. This shows up all the varieties of corpuscles and parasites in splendid relief and may be permanently mounted if desired.

The total leucocyte is made by the use of the well known Thoma-Ziess instrument. The red blood count is also made with this instrument.

By comparison of the haemoglobin percentage and the number of red blood corpuscles in a given specimen I am enabled to say whether the anaemia is secondary to some hidden disease. If the haemoglobin is found reduced in greater portion than the red blood corpuscles the anaemia is secondary or chlorosis and the underlying disease is looked for. If the number of red corpuscles is found reduced in greater

proportion than the haemoglobin together with marked deformities of the corpuscles and abnormal staining of the red cells the disease is pernicious anaemia.

Leucocytosis, increasing polynuclear neutrophiles to more than 7,000 per cubic millimetre, is often of value in the differential diagnosis between typhoid fever and appendicitis or other pyogenic infections. When taken often the leucocyte count gives information as to whether a local suppurative process is advancing or retreating or whether pus-pocketing has occurred.

Lymphocytosis, increases in lymphocytes to more than 5,000 per cubic millimetre, occurs only in lymphatic leukemia from other diseases accompanied with glandular enlargements.

When the leucocyte count is as high as 250,000 per cubic millimetre myelogenous leukemia is certain.

By study of the same stained film all the varieties of malarial parasites can be seen and differentiated.

The more rare forms of parasites are also looked for and easily seen through this method.

The usual time required to make such a physical, chemical and microscopic examination as outlined above is about 30 minutes and often shorter, depending on the individual tests that are found necessary.

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Very few doctors would make good farmers, but if they could borrow the executive ability of the farmer they might make good doctors.

Some text book authors surely must worship at the shrine of Emerson who said "next to the originator of a great thought is the man who quotes it."—*Cent. State Medical Monitor.*



## SELECTED PAPERS SELECTED PAPERS.

### Some Recent Reports Upon the Toxaemia of Pregnancy.

(*Albany Med. Annals.*)

- I. THE PATHOLOGICAL ANATOMY AND PATHOGENESIS OF THE TOXAEMIA OF PREGNANCY. JAMES EWING, *The American Journal of Obstetrics*, 1905, LI, pp. 145-155.

In this communication, read before the New York Obstetrical Society (date not given), the author described the hepatic lesions of the three clinical manifestations of the toxaemia of pregnancy, viz., eclampsia, acute yellow atrophy and pernicious vomiting, in connection with a short clinical description of cases and followed by remarks on the pathogenesis of these lesions.

In three cases, clinically diagnosed as eclampsia, and dying from this condition the following changes were found in the liver: (1) the hæmorrhagic hepatitis so frequently found in these cases; (2) acute yellow atrophy; (3) a liver without striking gross changes, but only microscopic lesions, which, however, prove to be those of the very significant process of autolysis of the liver cells.

Three cases, selected from other clinically diagnosed as vomiting of pregnancy, showed that this disease, when fatal, may be associated (1) with acute yellow atrophy of the liver or (2) with the same necrotic process in a liver which is not reduced in size or (3) with less marked degenerative changes in the liver which might be overlooked or ignored, but which really indicate extensive autolysis and profound disturbance of the function of the organ.

The hepatic lesions, in the three fatal cases of pernicious vomiting, were identical with those found in the last two cases of eclampsia and in one of the cases of pernicious vomiting, a distinctly atrophic liver was found.

As a result of these studies the writer states "that the morbid process in eclampsia, acute yellow atrophy, and pernicious vomiting is one and the same. This conclusion is, of course, not new, but merely a verification as regards eclampsia and acute yellow atrophy, of the statement of Klebs, made in 1888, and of the recent statement of Stone (*American Gynecology*, Vol. II, 1903), regarding the identity of all three manifestations of the toxaemia of pregnancy."

The writer reports a case of post-gestational acute yellow atrophy and also the autopsy findings in two cases of acute myelocytic leukæmia following pregnancy, in both of which changes in the liver were found, in the first those of acute yellow atrophy and in the second a diffuse granular, hydropic and fatty degeneration.

In considering the relation between the mild and severe cases of vomiting of pregnancy, the writer says: "No one doubts that the mild and the fatal cases of eclampsia are identical in nature, but there persists a definite impression in some quarters that acute yellow atrophy never occurs in mild vomiting of pregnancy is 'physiological' and that the severe vomiting is an exaggerated form of the other, but without definite pathological basis. Impressed by the supposed rarity and unfavorable prognosis of acute yellow atrophy, clinicians seldom attempt the

diagnosis of this disease, hence only the fatal cases are commonly recognized. But recent study of the toxæmia of pregnancy and of many other clinical conditions furnishes abundant evidence that the morbid process in acute yellow atrophy is of very frequent occurrence and is often followed by recovery."

"On both clinical and pathological grounds there is just as little reason for separating the mild and fatal cases of vomiting of pregnancy as for denying the identity of mild and severe cases of diabetes. Vomiting is seldom the only symptom present in early cases of vomiting of pregnancy, but observation usually shows also striking mental symptoms, headache, hysterical tendencies, pruritus, constipation, lassitude, etc., all of which doubtless result from the mild auto-intoxication which is the cause of the vomiting. No one may claim that whenever a pregnant woman vomits she is suffering from auto-intoxication; there are many causes of vomiting, and the pregnant woman may be alcoholic or have a brain tumor, but the characteristic vomiting of pregnancy is a perfectly definite clinical entity, which progresses from mild to severe stages and types, and after death there is a very definite lesion in the liver. This lesion is attended with a disturbance of nitrogenous metabolism and the failure of urea formation, and is marked by the appearance in the urine of many unoxidized proteid derivatives. This same disturbance of metabolism is present in cases of vomiting of pregnancy which are not fatal, and the unoxidized proteid derivatives appear in the urine of many of such cases."

Ewing classifies the toxæmia of pregnancy as "a functional disturbance of the liver, usually but not necessarily attended by severe anatomical lesions of this organ, and secondarily with functional disturbance and anatomical lesions of the kidneys and other organs. The ground for regarding this disease as primary in the liver is the fact that the synthesis of urea is exclusively a function of the liver." The interference with this function is indicated by the toxæmia resulting from the presence in the blood of those proteid derivatives in a poisonous form, which are normally combined by the liver into urea and are to some extent excreted in the urine, as shown by the presence of leucin and tyrosin in many of the cases. "Disturbance of the kidney doubtless exists from the first, but only becomes pronounced when the poisons resulting from the failure of oxidation in the liver causes degeneration, congestion and exudative inflammation of these organs. Therefore, the disease may be far advanced before albuminuria appears."

The functional disturbance of the liver precedes the anatomical lesions, hence it is that the intensity of the disease does not vary with the severity of the anatomical lesions, for fatal cases may occur with minimal lesions of the liver.

The writer considers that many factors may be concerned in the disturbance of nitrogenous metabolism and that "it is not necessary to fully explain the ultimate origin of the toxæmia before recognizing its existence and practical importance."

II. **PERNISCIOUS VOMITING OF PREGNANCY.** J. W. WILLIAMS, *Surgery, Gynecology and Obstetrics*, 1905, I, 41-45; *Centralblatt für Gynäkologie*, 1905 XXIX, 949-955.

In May, 1903, the writer lost a patient at the third month of pregnancy, "four days after the induction of abortion, which was undertaken with a pulse of eighty and appeared to give every promise of a satisfactory outcome. Immediately after the operation the vomiting ceased and the patient was perfectly comfortable for eighteen hours, after which she began to vomit again and soon was almost incessantly expelling small quantities of a brownish coffee ground like material without apparent effort. She rapidly passed into a torpid condition and was absolutely unconscious for the last twelve hours of life."

During the following year the writer saw five other cases of pernicious vomiting, in all of which the pregnancy was terminated. Two of these five cases died with the jaundice and diminution in the size of the liver characteristic of acute yellow atrophy, thus giving a mortality of fifty per cent. for the six cases.

The writer has carefully studied a number of other cases and as a result of his studies on the subject arrives at the following general conclusions:

Excluding all cases in which the vomiting results from lesions outside of the generative tract, and having no essential connection with pregnancy, and which should be regarded merely as accidental complications, he considers that the evidence at present available justifies one in dividing the cases of serious vomiting of pregnancy into the following groups:

(I) *Reflex vomiting of pregnancy.*

(II) *Neurotic.*

(III) *Toxaemia.*

(I) *Reflex vomiting of pregnancy.*

This variety of vomiting may be due to the presence of abnormalities of the generative tract or ovum, which existed prior to the onset of pregnancy, or are coincident with it. Among such conditions may be mentioned:

(a) Displacements of the uterus, particularly retroflexions.

(b) Ovarian tumors.

(c) Certain cases of endometritis.

(4) Abnormalities of the ovum, such as hydatiform mole, hydramnios and certain cases of twin-pregnancy.

(II) *Neurotic vomiting.* This group of cases can only be explained by the fact that cases are cured by suggestion, rest and by employment of absolutely worthless remedies.

(III) *Toxaemic vomiting.* All sorts of theories have been advanced concerning the origin and nature of the toxic material giving rise to this condition, among which may be mentioned:

(a) Secretion of corpus luteum.

(b) Secretion of ovary.

(c) Absorption from intestines.

(d) Hepato-toxaemia (Pinard and Bouffe de St. Blaise.)

(e) Invasion of maternal organism by foetal elements, the syncyto-toxin theory of Veit, Behm and others.

(f) Its identity with eclampsia on the one hand and acute yellow atrophy on the other (Champetier de Ribes and Bouffe de St. Blaise, Stone, Ewing and Edgar).

The writer concludes that "in some cases of pernicious vomiting we have to deal with a toxaemia which gives rise to serious lesions in the liver and later in the kidneys, and that the latter

are secondary in character, as is indicated by the fact that the urine does not contain albumin until shortly before death." Associated with these lesions is a striking change in metabolism, which is manifested by a marked increase in the percentage of nitrogen put out as ammonia compared with the total nitrogen of the urine, so that the former, instead of being three to five per cent., as normal may rise to sixteen, thirty-two or even forty-six per cent., as occurred in several of his cases. "Whether this increased ammonia coefficient is due to the fact that the marked destruction of liver tissue interferes with the normal oxidation of nitrogenous material, so that large amounts escape conversion into urea, and are therefore excreted in a less highly oxidized form as ammonia, or whether it merely represents an attempt to neutralize an excessive production of acid—a so-called acid intoxication—is as yet undecided." Williams' experience has taught him that a marked increase in the ammonia coefficient (*i. e.*, ten per cent. or over) in a woman suffering from pernicious vomiting indicates the existence of a serious toxæmia, which, if allowed to continue, will be found to be accompanied by lesions of the liver and other organs, inconsistent with life. Accordingly, under such circumstances, abortion should be induced as soon as the condition is detected.

"On the other hand, in the reflex and neurotic forms of vomiting the ammonia coefficient affords not only a means of diagnosis between the neurotic and toxæmic varieties of vomiting, but is a most valuable guide as to treatment."

Williams agrees with Stone and

Ewing as to the anatomical lesions found in certain cases of vomiting of pregnancy, but does not support them in the view that the toxæmic vomiting, acute yellow atrophy and eclampsia are manifestations of one and the same toxæmia. He thinks that there are at least two toxæmias of pregnancy, and probably more, one giving rise to the vomiting of pregnancy and acute yellow atrophy, and the other to eclampsia.

In support of the above he gives the following arguments:

(I) That while neurotic lesions occur in both conditions they differ from each other.

(II) In most cases of eclampsia and pre-eclamptic toxæmia there are marked signs of involvement of the kidneys and general circulation, as manifested by scanty urine in proportion to the intake of fluid, the early appearance of pronounced albuminuria and the presence of casts and œdema. In vomiting, on the other hand, the urinary output is diminished only as the intake of fluids is interfered with, and albumin and casts are present only in the last days or hours of life, while œdema is absent.

(III) Chemical analysis of the urine shows that the total amount of nitrogen is greatly diminished in eclampsia while the ammonia coefficient remains practically normal. In vomiting, on the contrary, in spite of the scanty amount of urine, the amount of total nitrogen remains approximately normal, while the ammonia coefficient is wonderfully elevated. "Generally speaking, it may be said that a high ammonia output is a favorable prognostic sign in eclampsia, and a very ominous one in vomiting."



III. TOXAEMIA OF PREGNANCY WITH VOMITING; ITS TOXIC MANIFESTATIONS, ITS RELATION TO ECLAMPTIC TOXAEMIA, ACUTE YELLOW ATROPHY AND EXPERIMENTAL NECROSIS OF THE LIVER. ELLICE McDONALD, *The American Journal of Obstetrics*, 1905, LII, pp. 321-339.

The writer reviews the literature on this subject in order to show "(1) the identity of the liver lesions of toxæmia of pregnancy with vomiting and eclamptic toxæmia, and for the comparison of these lesions with those of experimental liver necrosis; (2) the frequency with which acute yellow atrophy occurs, and (3) the presence of more marked toxic symptoms."

In addition he reports a case with the following diagnosis—"Toxæmia of pregnancy with vomiting. Acute yellow atrophy of the liver. Mild bronchitis. Puerperal neuritis. Retained secundines." The patient was a primipara, 36 years old. Vomiting began when two months pregnant and persisted for the following month, but a physician was not consulted until the fourth month. He treated the patient with rectal feeding, cocaine by the mouth and soon after several days curetted her and supposed that he had emptied the uterus. Eight days after the curettage the writer took charge of the case, owing to the departure of the physician from town. At that time the vomiting was persistent. There was slight jaundice, temperature was 99 degrees and pulse 140. Heart showed the signs of mitral stenosis. Urine contained albumen, granular and hyaline casts, and leucin and tryosin. The uterus was soft, the size of a two months' pregnancy and retroverted. The jaundice disappeared at the end of

the third week, and while the vomiting was much less it still continued in a mild form until after the removal of the placenta, six and a half weeks and at the end of that week the patient's temperature rose to 104 degrees. On vaginal examination, placental masses were felt within the cervix. Under ether anaesthesia the cervix was dilated, the placental tissue removed, and the uterus curetted. Convalescence was slow and twelve months afterward the patient had not entirely recovered complete power in her legs. The chief interest in the case lies in the similarity of its clinical history with other cases reviewed by the writer, in which the post-mortem reports showed acute yellow atrophy and also in the fact that the vomiting persisted more or less until the removal of the placenta, six and one-half weeks after the escape of the foetus.

After reviewing the literature of experimental liver necroses and comparing the liver lesions thus formed with those found in the livers removed at autopsy from patients dying from the toxæmias of pregnancy, the writer concludes that "there is evidence, therefore, that, in the toxæmia of pregnancy, an agglutinative substance occurs in the blood and that this, by causing the clumping of red cells, leads to the occurrence of liver necrosis. It is possible that there may be, in addition, haemolytic and other toxic substances." Dienst's experiments have added additional argument to the above hypothesis by obtaining the haemagglutinin reaction in vitro, from the blood of eclamp- tics. Dienst obtained blood from the umbilical stump and from the placental end of the cord at the time of labor and determined the action of these. The

permeability of the expelled placenta was tested by the injection of milk and that of the placenta in situ by injecting methylene blue. He concludes that eclamptic toxæmia is due to agglutination and hæmolytic and that this can only occur when there is a free communication between mother and child. Dienst's supposition that the hæmagglutinin is formed in the foetus is weakened by Hitschmann's case of eclamptic toxæmia, occurring in connection with a four and one-half months' hydatiform mole and by Behm's case and the one reported by the writer, in both of which symptoms of toxæmia persisted after the expulsion of the foetus and until the removal of the placental remains.

are absorbed, which are responsible for the toxic manifestations of the disease.

He criticises the importance placed by Williams on the increased amount of ammonia excreted in the urine, as an aid in the diagnosis of pernicious vomiting.

ing and also for prognostic purposes, for it may also be found increased in eclampsia. In both eclampsia and vomiting it is indicative of disturbed liver function.

He also takes exception to the statement of Williams that in the cases of toxæmic vomiting the urine does not contain albumen until shortly before death, for albumen may be absent in eclampsia and present in cases of pernicious vomiting.

#### IV. HYPEREMESIS GRAVIDARUM. (A

Reply to a Similar Article by J. W. Williams in the *Centralblatt für Gynaekologie*, XXIX, 949-955.)

DIRMOSER. *Centralblatt für Gynaekologie*, 1905, XXIX, 1256-1260.

Dirmoser calls attention to the fact that in recent years the number of the authors who look upon the pernicious vomiting of pregnancy as an auto-intoxication has increased. He reviews the development of the auto-intoxication theory both along pathological and clinical lines. He refers to one of his own cases in which eclampsia occurred as a complication of pernicious vomiting at the end of the third month, a complication which has also recently been brought forward by the French writers. In this case acetone was found in large quantities.

Dirmoser does not think that the source of the intoxication is found in the ovum but rather in the intestines, and that these are reflexly affected by the ovum so that poisonous substances

#### REMARKS.

A review of the above articles and also of similar ones on the disturbances associated with and caused by pregnancy, impresses one with the fact that these disturbances may be of a very serious nature, and that it may be necessary to terminate the pregnancy in order to save the mother, and that even after this has been done, the patient may be unable to recover from the pathological changes which have been caused by the pregnant condition.

The diversity of opinion of the different writers in regard to the different phases of this subject shows that many of its important problems have not yet been solved, as—

(1.) Is the pernicious vomiting of pregnancy eclampsia and acute yellow atrophy of the liver different manifestations of one and the same toxæmia, or have we several toxæmias with which to deal?

(2.) Are the so-called physiological disturbances of pregnancy also mani-

festations of a toxæmia which differs from one of the other more serious conditions; just as we may have "mild and severe cases of diabetes," or any other disease?

(3.) What is the source of the toxæmia; does it come directly from the ovum or does the ovum reflexly affect some other organ of the body, as the liver or intestines?

(4.) What is the significance of such bodies as leucin, tyrosin, acetone and diacetic acid and also the increased amount of nitrogen excreted as ammonia as compared with the total nitrogen in the urine and their importance as a means of diagnosis and prognosis and also as an indication of the treatment to be followed?

I think that we must agree with Ewing that many factors may be concerned in the disturbance of nitrogenous metabolism, and that "it is not necessary to fully explain the ultimate origin of the toxæmia before recognizing its existence and practical importance."

It is evident that, at least, the severe cases should receive energetic treatment upon the rational basis that the disease is an auto-intoxication, bearing in mind that even some of the cases with liver lesions may recover. Fluids by mouth and saline irrigations are indicated as an aid in the elimination of the toxic substances, and where fluids are not well taken saline infusions may be used. If it seems necessary to terminate the pregnancy, the physician must make certain that he has removed the entire ovum, otherwise the symptoms may persist as long as the secundines are retained, and if the termination of the pregnancy has been delayed too long, even this procedure may not save the life of the patient.

We hope that soon the significance of the various substances found in the urine in these cases, will be more clearly understood and also their true value as a source of diagnosis, prognosis and as a means of determining whether or not the pregnancy should be terminated.

JOHN A. SAMPSON.

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## ABSTRACTS.

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### **Is There a Rational Basis for a Scientific Therapy?**

In the Medical Herald for February, Dr. William F. Waugh discussed this question. That our present therapeutics is satisfactory he thinks no one will contend. The practice is unsettled and the theory nebulous. Every work on therapeutics bewails the fact that the basis of the art is "empiric" guided by experience or observation rather than by scientific fact. Criticism has therefore been destructive. Headland pointed out the fallacies in present theories and Anstie showed that the old system

stripped of its verbiage could be expressed in the phrase, "bleed down to the brandy point, and then brandy to the bleeding point."

Since Anstie's time an enormous amount of work has been done along the line of experimental therapeutics and this work has necessarily been done with the alkaloids and active principles, because with these alone scientific precision could be obtained. We know what atropine will do; we can only guess at the action of *belladonna*. Here is a wealth of data which may serve as a basis.

We have been taught to attack disease through its name. But Bright's disease, consumption, pleurisy, etc., are not true pathologic entities, are only employed by the more learned as conveniences. Many of them require at times remedies diametrically opposite to those required at other times. Despite this fact the formula diseases specifically by name..

The remedial agents that have been scientifically studied, and whose properties and powers have been most strictly defined, are not specific remedies for diseases but for conditions. We have agents that exalt and others that depress certain functions. It is up to the physician to ascertain in each case what functions of his patient's physiology need stimulation or depression, and then he must know the proper remedies and apply them. The more complete his knowledge of the physiologic processes of the human body of the aberrations and alterations caused by disease, and the more precise his adaptation of therapeutic measures to meet the desired ends, the more nearly he approximates the ideal of the scientific physician. These propositions are axiomatic—there can be no discussions of them. The main point lies in the query—have we such a wealth of remedial agents that can be applied with scientific precision, as will enable us to base upon them a system of practice that embraces the whole world wide field with all its multifarious conditions and needs?

To this we answer, no—not at present. This work is far from being completed, but it has progressed sufficiently to give us a firm and broad foundation on which to build. The writer has spent years in collecting from all acces-

sible sources, books, journals, monographs, etc., in all the languages of the civilized world, the data available on these topics. The results have been published in a volume of over 400 pages, entitled "Alkaloidal Therapeutics."

In this work 155 remedies are considered—embracing alkaloids, glucosides, concentrations and definite chemical substances—these being all the agents of which sufficient information could be obtained to entitle them to consideration. Of some of these there is a measurable complete account given from which the student can obtain copious information as to the effects of the remedy in health and in disease, and its clinical applications. Of others the available material is scanty and obscure, and these are included because what little is known of their powers seems to indicate the probable value of the drugs, and the wisdom of giving them further attention.

Add to these the sera, and the really valuable synthetics that have received correspondingly complete study and we have a group of remedies whose powers are known to us as far as the knowledge of human physiology permits. To this extent at least, there is, therefore, at last a scientific basis for therapeutics, in that we may reason from a tolerably exact knowledge of what powers our remedies possess, and apply them to the pathologic conditions to which such powers are curative. We can affirm positively that the wealth of this material is sufficient to warrant the physician in shifting his footing from the old empiric list to these, and employing them as the rule simply using the cruder remedies and older methods in the exceptional instances



where the applications of the exact agents have not been as yet ascertained. The more generally this change is made, the more rapidly will these gaps be filled in.

To those who have given but little attention to this matter the change may appear a small one—simply the substitution of a somewhat better line of preparations for those hitherto in vogue. Make no mistake—it is a revolution, a true renaissance in therapeutics. The use of therapeutic certainties, accurately adapted to accurately appreciated needs marks the inauguration of a new era, the development of a new species of physician.

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### **Gastric Cancer.**

William J. Mayo, Rochester, Minn. (Journal A. M. A., April 7), points out that there is no medical side to cancer of the stomach, and reviews the literature showing what enormous strides have been taken in gastric surgery of late years. He reviews the statistics of several leading surgeons as well as his own, and shows that not only in the direct mortality of the operation, but also in its later results, it compares favorably with the surgery of cancer of other parts of the body. The only way in which an early diagnosis can be made is by exploratory incision, but clinical symptoms, especially of associated with a history of old or recent ulceration, may arouse suspicion and justify exploration. He gives in detail his steps in performing the radical operation for cancer of the stomach, and remarks that the results of palliative operations are relatively unsatisfactory, the mortality being comparatively high and the average prolongation of life not very great. In 140 of

his cases of gastroenterostomy the mortality was 15 per cent., and the average prolongation of life so far as known was less than five months. The figures given by Kronlein and Mikulicz are even worse. The operation merely prolongs a chronic invalidism by a few hopeless weary months. For cancerous obstruction of the cardiac orifice, however, gastrostomy is the only resource, and is frequently demanded by the patient. He has had 18 cases with three deaths, a mortality of 16 per cent. The duration of life was about the same as after gastroenterostomy. Of explorations with discovery of hopeless gastric cancer he had 72, with one death in the hospital. The average stay of such patients in the hospital is less than five days, the deep wounds being closed with catgut, and the strong aponeurotic structures braced with buried mattress sutures of linen, silk or silver. The patients are thus enabled to get about at once and spend the remainder of their lives with their families. In conclusion, Mayo urges on the profession the merits of the radical operation in suitable cases of gastric cancer. The articles elaborately illustrated, showing the steps of the operation.

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### **The Imperative Treatment of Urinary Retention.**

*Int. Jour. Surgery.*

BISSEL states that in the hospital when a patient with retention is admitted suffering from too much instrumentation, it is a standing rule to omit all operative interference in the urethra. If the bladder is greatly overdistended, or if the pain and tenesmus are unbearable, suprapubic aspiration is immediately performed. Local anesthesia

can be used, but is more often omitted. This procedure can be repeated as often as necessary. In one case I resorted to it for twenty days with no unfavorable results. The puncture is made close to the public notch to one-half inch above it under antiseptic precautions. If the patient's condition is not grave and his distress and pain are bearable, and always after the first puncture, complementary treatment is carried out, as suggested. The flaxseed or carbolic gauze poultices to the perineum and abdomen help to relieve the spasm and congestion of the deep urethra. The rectal irrigation can be continuous or interrupted. The anterior urethral irrigation with a Bangs or Kiefer meatus tube is used with solution of boric acid at a temperature of 102 to 110 degrees. It may be employed every four to six hours. The hot bath or hot sitz bath is of value. These measures, together with avoidance of all trauma caused by endeavors to reach the bladder through the meatus, will not only often lead to the disappearance of the retention, but will prepare the patient for the formidable operation of urethrotomy if it is later required.

### **Metrorrhagia Myopathica.**

*Univ. Penn. Med. Bulletin.*

AUSPACH reaches the following conclusions:

1. Metrorrhagia myopathica stands for a distinct class of cases, which have heretofore been variously and incorrectly grouped under apoplexia uteri, endometritis senilis and preclimacteric bleeding.

2. Metrorrhagia myopathica is a symptom immediately dependent upon an anatomical or a physiological lesion of the uterine muscle.

3. No anatomical lesion has as yet been demonstrated, but it will probably be found in the elastic-tissue constituents of the vessel walls and the subserous and supravascular layer.

4. The physiological lesion is most likely an insufficient contractile power of the uterus. It is possible that the condition is purely functional and that there is no anatomical change which can be recognized.

5. In cases of metrorrhagia myopathica the uterus is enlarged and softened; the os is patulous.

6. Metrorrhagia myopathica does not occur in nulliparous women, and, therefore, it must have some connection with the childbearing process.

7. Diagnosis of metrorrhagia myopathica is only justified when all other possible causes for uterine hemorrhage have been excluded. This cannot be too strongly urged, especially in reference to carcinoma.

8. The terms apoplexia uteri, senile endometritis, and preclimacteric bleeding as applied to these cases are incorrect and unscientific.

9. While curettement, atmocausis, etc., have little effect in cases of metrorrhagia myopathica, palliative measures should always be tried before adopting hysterectomy.

### **A Brief Review of the Aetiology of Yellow Fever.**

*Medicine.*

CARROLL gives an exceedingly interesting account of the work done by himself and others of the United States Army in the study of the aetiology of yellow fever. He states that since the work was begun in 1897, the following original results were obtained:

1. *Bacillus icteroides*, Sanarelli, and

the hog cholera bacillus are practically identical.

2. Yellow fever is transmitted by the mosquito *stegomyia fasciata*.

3. This mosquito may convey the disease as early as on the twelfth day after biting the patient, and it may retain the power to do so as long as it lives.

4. Yellow fever can be transmitted by the hypodermic injection of blood drawn from a patient in the first, second, or fourth days of the disease.

5. Yellow fever is not communicated by fomites.

6. The infectious agent of yellow fever can be passed through a filter that is impermeable to ordinary bacteria.

7. The infectious property of blood drawn from yellow fever patients is destroyed by a temperature of 55 degrees C., maintained for ten minutes.

#### **Tubercular Peritonitis.**

*(Int. Jour. Surgery.)*

JACK reports a case of tubercular peritonitis, in whom pregnancy had been suspected. He found on examination a tender mass in each ovarian region. Operation revealed both tubes tubercular and the intestines and peritoneum studded with tubercles. The tubes were removed and the abdomen closed without drainage. The patient improved for two weeks but finally died two months after operation from general tuberculosis. He states that it was Spencer Wells who accidentally cured the first case of tubercular peritonitis thinking he was dealing with an ovarium cyst when he opened the abdomen. Murphy and the Mayos showed that the disease is three times as frequent in women as in men and that in the former the fallopian tube is

usually the seat of a tubercular process, and that in the majority of instances some local focus will be found in the tube, the appendix or the cecum. The Mayos extirpate the primary focus whether it be in the tubes, appendix or cecum and have observed no relapses as formerly occurred.

#### **The Results of the Surgical Treatment of Exophthalmic Goitre.**

*(Annals of Surgery.)*

CURTIS states that there has been an apparent increase in the opposition to the surgical treatment of exophthalmic goitre although the results of non-operation have not improved in spite of the use of various serums and of the x-ray. In his opinion surgery should be reserved for severe cases which have resisted medical treatment, but it should not be undertaken as a last resort and forlorn hope. The only operations to be considered are partial thyroidectomy and extirpation of the cervical sympathetic nerve and ganglia. He reports the results of sympathectomy in seven cases. Two died from acute thyroidism, one from the anaesthetic, one died from a relapse one year after the operation, one died the year following the operation from nephritis, one case is cured, and one able to do her work and enjoy life without medication. He states that the ultimate results of sympathectomy are fairly satisfactory, but that the operation is much more difficult and the mortality is fully as high. He reports three additional cases with two cases cured and one death, making six deaths in twenty-one cases. All of the cases died of acute thyroidism. Acute thyroidism is marked by a rise of temperature with exacerbation of all the ordinary symptoms of the

disease. All six fatal cases had albuminuria, but in only two was it present before operation. Albuminuria is a contraindication to operation. The cause of acute thyroidism is unknown, but the popular theory which ascribes it to absorption of the thyroid material from wound is too crude to be acceptable, since attacks are seen in the usual course of the disease, any nervous excitement, a fright, anxiety will often bring on an attack; it is as common after sympathectomy as after thyroidectomy and after operations on distant parts of the body.

### **Report of Three Cases Showing the Therapeutic Value of Ovarian Extract.**

*(Post Graduate.)*

The first case that Roos reports had her right tube and ovary removed. She remained well for two years, she then began to have flushes, starting in the cardinal region, accompanied by a nervous tremor and loss of consciousness. She was placed on six grains of ovarin t. i. d. Her menstruation, which had almost ceased, was remarkably increased, her flushes almost gone. The same improvement was noted in his second case, who was operated on for double salpingo oophorectomy. The third case was one of well marked exophthalmic goitre. In a short time her neck measurement went down from 16 1-2 inches to 13 inches and her pulse from 140-150 to 80.

### **Painless Rectal Surgery.**

Cooke read a paper on this subject before the Tri-State Medical Association (Miss., Ark., Tenn.) (Memphis Med. Monthly, April, 1906) in which he urges the advantages of sterile water

as an anesthetic in operation in the region of the rectum. The dangers of general anesthesia and the objections of patients to its use is discussed, as well as the disadvantages of the old methods of treatment and the long stay in hospitals. Only the minor operations can be performed under this plan. "Briefly, the principle of the method is pressure analgesia, and its mode of application, distension of the area to be operated on with sterile water. He claims the following as some of the advantages of the method:

1. It is simple, safe and effective.
2. It eliminates the dangers and discomforts of general anesthesia.
3. Pain at the time of operation is usually absent and always so slight as to be easily borne.
4. Post-operative pain is less by far than after the old methods.
5. The time required for the operation is greatly reduced.
6. Confinement to bed is rendered a matter of expedience rather than necessity.
7. The period of detention from business is diminished fully one-half.
8. Under this method the hospital becomes a convenience and luxury rather than a dreaded essential.
9. It is a thoroughly reliable means of affording relief in many cases which otherwise would be unsuitable for operation.
10. It robs these operations of their terrors, and makes it possible to reclaim this work from the hands of the "no-knife" advertisers.

In closing I may be permitted a few words of caution. The method is simple, but its successful employment demands thorough familiarity with the anatomy of the rectum and anus, dis-



criminating knowledge of the various types of pathology to which these parts are subject, and no small degree of operative dexterity. Patients affected with rectal diseases are uniformly, perhaps also peculiarly, nervous and apprehensive, and the very thought of operation is sometimes sufficient to seriously embarrass even the most skillful efforts in that direction. An air of confidence, gentleness of manipulation and rapidity of execution are of the utmost importance if success with the method is to be hoped for.

### Pneumonia.

LOCKBRIDGE (Cent. States Monitor) is speaking of the diversity of opinion as to the treatment of pneumonia in the present age says it was not so with our forefathers. Then (50 years ago) it was believed that we had an inflammation to deal with and an antiphlogistic treatment was instituted. The results were as good, if not better, than ours. Then bleeding, wet cups, antimony, veratrum etc., were the remedies used. A resume of his ideas of treatment are given as follows: Venesection, if admissible; if not, aconite. spts. niter, syr. doveri, and spts. menderiri, with mustard to extreme rubefaction muriate ammonia and heroin if cough is viscid and painful; quinine and strichnia if indicated by failing powers; emunctories especially skin and kidneys kept stimulated.

The only excuse I have to make for offering this medley is that I wish to furnish my mite towards establishing the truth of the following three propositions:

1. Pneumonia is not an opprobrium medici, but it can be controled and arrested by a judicious plan of treatment,

and even throttled if combatted on the threshold.

2. We should have well in mind the date of onset, the course, the extent and the stage of the disease by a constant and careful interpretation of the physical signs.

3. Above all we should bear in mind that it is the destruction of the lung with the general wreck and ruin that are killing our patient; and not starvation for a few days and a reasonably bold treatment.

### Malaria on the Isthmus.

After describing in detail his technic and method of examination of the conditions as to malarial infection in the natives of the Canal Zone, A. I. Kendall, Panama (Journal A. M. A., April 21 and 28), sums up the result of his study substantially as follows: At the time of the investigation of the towns examined, fully 50 per cent. of the natives and 75 per cent. of the foreign-born inhabitants had malarial parasites in their peripheral circulation. This, however, does not mean that all patients presented febrile symptoms, as many of them did not. This high percentage, nevertheless, is a serious menace to the health of those who for any reason are compelled to stay in these towns, especially on account of the prevalence of the *Anopheles albipes*, a mosquito shown to be a carrier of malarial infection. Other species may also be factors to a less extent. The estivo-autumnal type is the prevalent one; Chagres fever is probably only a severe estivo-autumnal infection. Pernicious malaria is not caused by a distinct parasite, but by an estivo-autumnal organism of exalted virulence. Natives and their descendants or, generally the

descendants of those who have resided for many years on the Isthmus, have at birth, to a certain degree, an inherited immunity. An active immunity, which is by no means absolute, is generally acquired, becoming manifest about the age of 16. The foreign-born individual acquires a certain tolerance, but not so great or so early manifested as that

mental disease; occupation has very little to do in its causation. Quinin in of the native. Malaria is an environment-moderate doses, while it does not insure against the disorder absolutely, nor completely drive out the malarial organisms from the circulation, has an important prophylactic and curative effect. The article is an interesting one.

## BOOK REVIEWS.

**LEGAL DECISIONS.** A review of recent legal decisions affecting physicians, dentists, druggists and public health, with a brief on the prosecution of unlicensed on medicine dentistry or pharmacy with a paper on manslaughter, Christian Science and the law, and other matters. By W. A. Parrington, of the New York Bar; Counsel of the Dental Society of the State of New York, and Lecturer of Medical College of Dentistry, and one of the Collaborators in "A System of Legal Medicine," by Allen McLane Hamilton and others, etc. E. B. Treat and Co., New York, 1899.

This little book of but little over 100 pages gives much valuable information, on the subject of which it treats. The majority, if not all of the important cases adjudicated in the courts as touching the professional man are cited and commented on under proper headings, and of easy reference. The needs and powers of examining boards are treated and much valuable information given as to the management of trials for unlicensed practitioners before magistrates, courts, etc.

The closing chapter reviews the subject of manslaughter and Christian Science and the law.

**THE SEXUAL INSTINCT, ITS USE AND DANGERS AS AFFECTING HEREDITY AND MORALS.** Essential to the welfare of the individual and the future of the race. By James Foster Scott, B. A. (Yale), M. D., C. M. (Edinburgh); late Obstetrician to Columbia Hospital for Women and Lying in Asylum, Washington, D. C.; late Vice-President of the Medical Association of the District of Columbia, etc. E. B. Treat & Co., New York, 1902.

The subject of the social evil and its suppression is a live question just now and this work is a useful adjunct in the study of the matter. Primarily it is written for the non-medical reader, but is none the less a good book for the professional man, as it gathers into one volume, and in easy reach and form, the arguments of the physician against the social evil.

A few extracts from the preface will give an idea of the reasons for its publication as seen by the author: "The plain talk finds its justification in the body of the work." "Knowledge is required for people to see their ignorance and the object is to make people perceive it so they will have it not; to give the professional man a sufficiently thorough knowledge of matters per-

taining to the sexual sphere, knowledge which he cannot afford to be without." "It is impossible to turn the stream of sexual activities into natural channels; so is it impossible to do away with drunkenness, theft, murder, etc., but evils may be mitigated." "Degredation of mankind is due more to social evils than any other cause." "Painful as it is to treat subjects so repulsive, a man cannot choose his duty, nor can he honestly evade it."

Holding these views the author has in the 436 pages of this work given an analysis of the sexual instinct, its benefits in the social sphere, its use in the propagating of the species, its beauties as the well spring of love between the sexes. On the other hand he has portrayed in no uncertain language the evils of its perversion to the moral sense to society, to the State, and to the physical well being of the individual. The chapter on "Woman and the unmanliness of degrading her," is of special force.

While we doubt the propriety of placing the book promiscuously in the hands of the public, we do most sincerely believe that it is a good work to advise to the heads of families. If every mother would read the chapter on "Prostitution and the influences to such a life" and heed its teachings in the rearing of her daughters, there would be less prostitution and less sexual perversities among women in the next generation.

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**THE GENERAL PRACTITIONER AS A SPECIALIST**, a treatise devoted to the consideration of medical specialists, by J. D. Albright, M. D. Third edition; revised, enlarged and illustrated. Published by the author, Philadelphia, Pa., 1894.

The author of this work does an office practice and in the volume gives much valuable advice gathered from his experience and study as to specializing by the general practitioner. Every doctor has realized that many of his patients slip away from him either to the charlatan or the hospital for the treatment of minor troubles that might well be abandoned if he was only prepared either with office equipment or the necessary skill and technique. This book tells them how to prepare and instructs as to the modes of procedure. There are chapters on treating rectal troubles, hernias, cancer, drug addiction, etc., and an expose of secret systems of charlatans. For one who wishes to combine some office specialty with his general practice this work is well worth the \$3.00 for which it is offered.

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**OPERATIVE SURGERY. FOR STUDENTS AND PRACTITIONERS.** By John J. McGrath, M. D., Professor of Surgical Anatomy and Operative Surgery at the New York Post-Graduate Medical School, Surgeon to the Harlem, Post-Graduate, and Columbus Hospitals, New York. Second edition, thoroughly revised. With 265 illustrations, including many full-page plates in colors and half tone. 628 Royal octavo pages, extra cloth, \$4.50, net; half Morocco, \$5.50, net. Sold only by subscription. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

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The information in this volume is astonishingly complete, yet so well arranged and set forth, that one is sensible of a clear, orderly, central idea. We know of no book where so much related matter is so thoroughly compiled and so assimilably presented.

The entire materia medica, as revised in the latest edition of the *Pharmacopœia*, is gone over, together with many non-official and useful remedies. Chapters follow on prescription-writing, incompatibility, and pharmacy. The rest of the book is concerned with therapeutics. Many formulæ are given—a feature of value to many readers. In the appendix is placed useful tables, definitions of terms, differential diagnosis, analysis, etc.

Potter's book has been before the profession for many years, repeated editions proclaiming its popularity. It is an exhaustive consideration of a very important branch of medicine.

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MAN AND HIS POISONS. A PRACTICAL EXPOSITION OF THE CAUSES, SYMPTOMS AND TREATMENT OF SELF-POISONING. By Albert Abrams, A. M., M. D., F. R. M. S., Consulting Physician, Denver National Hospital for Consumptives, Mt. Zion and French Hospitals, San Francisco, etc. 12mo., 168 pages; 17 illustrations. New York; E. B. Treat & Co., 1906. Price, \$1.50.

The author of this book is well known for his divergent, essentially original conceptions of disease processes. However differing from his conclusions, the reader must admit an exceptionally entertaining literary style in his work.

The present volume deals with auto-intoxication, which the author says advanced from "a plausible and fascinating theory to a verity. . . . The human body is a receptacle and laboratory of poisons, and every moment of his life man is exposed to the danger of being overpowered by poisons generated within his system."

The author proceeds to elaborate ap-

plications of this conception, especially concerning himself with the operation of the psychic factor. The germ theory of disease, he says, has been so alluring that it has annihilated any initiative seeking causation of disease from any other source.

The book is interesting and suggestive throughout, and despite the abstractness inherent in the conception the author has achieved the practical exposition he announces. It is thoroughly stimulating reading.

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TRANSACTIONS OF THE ANTISEPTIC CLUB, Reported by Albert Abrams, a member of the San Francisco medical profession; illustrated; E. B. Treat & Company, 1902, New York.

"O wad some power the giftie gie us  
To see oursel's as ithers see us!  
It wad frae monie a blunder free us  
An' foolish notion."

We all of us need an occasional prodding up, to show us our shortcomings, lest we become proud, and pride degenerates into ignorance. The medical profession is a great one and is worthy of the confidence and esteem in which it is held by the public, yet there are fads and fancies in the profession; its members have their foibles and run into excesses; they are often bombastic and nearly always dogmatic and it is well that these traits and tendencies should be curbed. We have seen nothing that portrays the doctors' shortcomings in these particulars as effectually as the book under consideration. While attacks antiseptis in the form of an antiseptic club with its exaggerated and impossible proceedings as a basis for a sarcastic description of the profession's position, it deals with very many of the caprices and inconsistencies of the physician in actual life. There is fun



and humor throughout the volume, in fact there is not a dull page in it. It is worth the reading for this alone, but this is not the most important feature of the work, for underlying this burlesque are gems of thought that will repay for the time spent in their study. The truths are sugar-coated with a vein of satire and ridicule, but they are none the less facts—facts, too, that are imperfections of the profession. Read the book for its humor, but study it for the morals it inculcates.

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INTERNATIONAL CLINICS, a quarterly of illustrated clinic lectures and especially prepared original articles on treatment, medicine, surgery, neurology, pediatrics, obstetrics, Gynecology orthopedics, pathology, dermatology, ophthalmology, otology, rhinology, laryngology, hygiene and other topics of interest to students and practitioners, by leading members of the medical profession throughout the world, edited by A. O. J. Kelly, A. M., M. D., Philadelphia, U. S. A., with collaboration of Wm. Osler, M. D., Oxford; John H. Musser, M. D., Philadelphia; Jas. Stewart, M. D., Montreal; J. B. Murphy, M. D., Chicago; A. McPhedran, M. D., Toronto; Thos. M. Rotch, M. D., Boston; John G. Clark, M. D., Philadelphia; James J. Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburgh; John Harold, M. D., London; Edmund Landolt, M. D., Paris; Richard Kretz, M. D., Vienna, with regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Volume 4, fifteenth series, 1906. Price, \$2.00. J. B. Lippincott Company, Philadelphia and London, 1906.

Volume 4, fifteenth series International Clinics has just been received. thoroughly familiar with this quarterly of illustrated clinical lectures and especially prepared original articles covering the whole field of medicine by leading members of the medical profession throughout the world. There are twenty-six contributors to the present volume. The articles are timely, they are well written and they contain the latest available information. They are well bound, the type and paper are of good quality, many of the articles are illustrated and the whole is sold for only \$2.00. - Among the articles that may be mentioned is the "Treatment of Psoriasis," by Gottheil; "The Treatment of Some Common Gastric Disorders," by Gwyn; "Erysipelas with a Report of Thirty Cases," by Holt; "The Thyroid Gland," by Brown, and an article on "Gastric Surgery," by Deaver.

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WEBSTER'S INTERNATIONAL DICTIONARY OF THE ENGLISH LANGUAGE, being the authentic edition of Webster's Unabridged Dictionary, compressing the issues of 1864, 1879 and 1884 thoroughly revised and much enlarged, under the supervision of Noah Porter, D. D., L.L. D., with a voluminous appendix to which is now added a supplement of twenty-five thousand words and phrases. W. T. Harris, Ph. D., L.L. D., editor-in-chief. Price, \$12.00. Published by G. & C. Merriam Company, Springfield, Mass., U. S. A., 1906.

This book needs no introduction to the American people. It has been our standard dictionary since the first edition of 1864, and with its numerous revisions and supplements it is thoroughly up-to-date and is still the dictionary.

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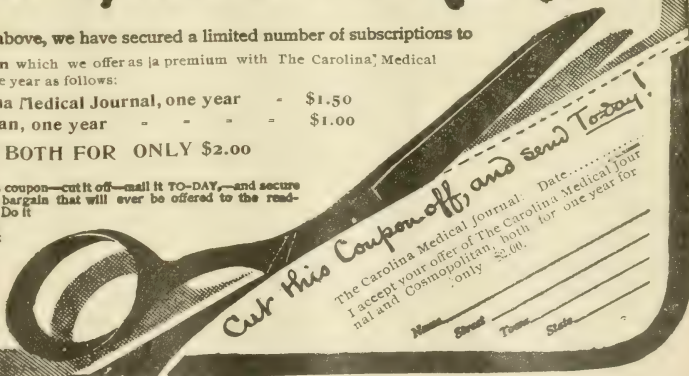
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the diseases of children, rhinology and laryngology, otology. Subscription price, \$1.00. Lea Brothers & Co., Philadelphia and New York, 1906.

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# The Carolina Medical Journal

A Monthly Journal of Medicine and Surgery.

VOL. LIV.

CHARLOTTE, N. C., MAY, 1906.

No. 5

Address all communications and make all funds payable to THE CAROLINA MEDICAL JOURNAL.

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## EDITORIAL.

### The Marine Hospital at Wilmington.

While it is rather late to notice the action of the Wilmington Chamber of Commerce relative to the recommendation of the Secretary of the Treasury to Congress in regard to the closing of a large number of the national marine hospitals, the course taken by this body early in February is so commendable that it is here given and most fully endorsed.

It is to be deplored that the Secretary of the Treasury should find it either essential or the better policy on the part of the government to close any of these institutions, and there are cogent reasons set forth in the resolutions appended why the one at Wilmington should be maintained. All of these are important and often almost essential, as witness the part taken by the service in the epidemic of yellow fever in the Southern States last summer.

In these hospitals, and connected with the service are men trained for special work, and are available for

immediate assignment to duty in case of their need in epidemics threatening any locality or section. While there may be others prepared for the character of the work demanded in suppressing an invasion of a contagious or epidemic disease, nowhere can be found so near an ideal state as to character, accomplishments, equipment and necessary authority as in the marine hospital service. To cripple this work by the suspension of over half of the hospitals now in operation may mean serious impairment of the service in a time of great need.

These are the resolutions passed by the Wilmington Chamber of Commerce:

"Whereas: The Secretary of the Treasury has made recommendation to Congress to close all United States marine hospitals except those at Boston, New York, Baltimore, New Orleans, Chicago, San Francisco and Fort Stanton, and

"Whereas: The marine hospital lo-



## Editorial Notes and Comments.

### **Climatic Condition and Crime Epidemics.**

A question of interest to scientists and students of criminology is, What influence has climate or the state of the weather upon the commission of crime? It is not a medical one in a strict sense, but as the profession is more concerned than any other in psychic phenomena, it may well be considered a carollary branch of medicine. Outside of the profession's advocating and endorsing all measures inculcating and securing good citizenship, the question should have more than a passing interest and receive some consideration at our hands, because of the psychic manifestations involved.

It does not require acute observation in a reader of the current newspapers to recognize epochs of crime. Suicides, murders, and lesser criminalities often appear in waves. Why this is so has never been sufficiently explained, possibly because it has never been studied. At least we do not remember to have seen a review of the question or any examination of it, more than simple allusions to the fact that there are periods when it seems that crime is more rampant and atrocious in its manifestations than usual.

We have thought and still hold that newspaper notoriety with the minute and disgusting details especially noticeable in yellow journalism is responsible for a certain proportion of these atrocities, more especially in case of suicide. Let a case of suicide by hanging be reported with close attention to detail in the public press and additional reports of other cases by the same means are almost sure to follow. Neurologists

and psychiatrists have long recognized the influence of suggestion upon the neuresthenic and the majority of suicides are of this class. This, though, will account or but a small percentage of the crime occurring in any given epoch as suicide is but one manifestation of the vices, and certainly a number of these, it is reasonable to suppose, were not prompted to the act by reading accounts of similar occurrences.

An attachee of the weather bureau has recently advanced the idea that perhaps there was a closer relation between crime and bad weather than was appreciated. In the absence of any observations bearing directly upon this relation no authoritative dictum can be pronounced. It opens up a comparatively new field, and one that is interesting and profitable.

The study must be made, if made at all, by comparing the conditions of the prevailing weather as given in the weather bureau for the locality in which an excessive number of crimes is committed, with these crimes. So far as we know no attempt has been made to do this. Much can be accomplished by noting local conditions and tabulating them, though this will not fully meet the indications. Statistics of criminology covering a long period for an extensive territory should be compared with the known atmospheric conditions for the same period and over the same territory before anything more than an opinion or surmise can be advanced.

Reasoning from the analogy between this idea and some well known conditions we will find that it is not at all preposterous or exaggerated, or inconsistent with established facts. The

good or ill feeling of not only special individuals but of large numbers, often the greater per cent. of the whole communities is frequently influenced by the state of the weather. The bouyancy and general good nature of the public in fair, open weather is in strong contrast with the depressing influence exerted by a succession of dark gloomy days. The bracing cold of a clear atmosphere are always preferable to the raw wet days ever though the temperature may be several degrees higher. The clearing of the atmosphere by an electrical storm after a period of hot sultry weather shows its beneficial influence in the very dumb beasts and birds of the air.

Even more pronounced is its influence upon the invalid and physicians instinctively dread the effects of fogs and dark and damp days upon many classes of their patients, more especially the tubercular. The neurasthenic and insane are harder to control in periods of gloomy weather. Dickens, though not a physician, was a close observer and come near to human nature when he makes Jarndyce, of Blackhouse, complain of the winds being in the east for every mental perturbation.

It is not here intended to convey the idea that there is anything in a state of atmosphere or climatic conditions *per se* to generate crime or criminal propensities. The study of criminology of different sections with special reference to the climatic conditions might prove interesting, but is not contemplated in this inquiry. The question is, "Does the general depression produced by the state of the weather have a tendency to the temporary increase of crime?"

The close relations between the physical condition of man and his mental

state are well known, and how the proper functioning of either is dependant on the well being of the other. Anything depressing one is felt by the other. We see this often exemplified in the causes leading to suicide. We know that certain states of weather exert a deleterious influence upon the otherwise healthy individual, both in his mental and physical states. We know, too, that this is more pronounced on the invalid, and it is well established that physical states have a decided, if not controlling, effect upon the mind of the individual. Taking these points, together with the fact that there are periods when crime is more prevalent, it only remains to show that these periods are coexistent with periods of depressing states of the atmosphere to demonstrate a relationship between the weather and crime epidemics.

#### Quinine in Pneumonia.

Some months ago we made an abstract of a paper by W. J. Galbraith, of Sonora, Mexico, published in the Journal of the American Medical Association, in which he claimed marvelous results from the use of very large doses of quinine in connection with tinct. iron. More recently (Feb. 10th, 1906) he has published in the same journal additional data on the subject.

Any line of treatment that offers better results than those usually obtained in treating pneumonia should be carefully considered. This Dr. Galbraith claims to do and gives in his various papers, three in all, tabulated reports of over one hundred patients treated for pneumonia with one death. His chief reliance is upon sulphate of quinine in excessive doses, 40 to 80 grains, and the tincture of chloride of iron.

The following is an outline of the treatment as given by Dr. Galbraith in his article referred to above.

"First, a warm bath, followed by a calomel or phosphate of soda purge. The first dose of quinin is given three hours later, provided the stomach is not disturbed. If the temperature is 105 or over he gives from 60 to 70 grains of quinin sulphate, followed in an hour by usually half of the same dose. If the temperature ranges between 103 and 104, from 40 to 50 grains are given as above. If a lower temperature is found, he gives 40 grains, his minimum initial dose. The use of the tincture of the chlorid of iron is begun within three or four hours after the second dose of quinin, and in doses ranging from 10 to 15 minims at intervals of from two to six hours, depending on the condition of the pulse. In case the temperature rises to 101 or 102, after it has reached the normal or subnormal mark, he administers from 40 to 50 grains of quinin at one dose and continues the iron in 15 minim doses every three or four hours. He protests against any compromise in the way of dividing the doses of ether iron or quinin during the active pneumonic stage. If the stomach is rebellious it may usually be overcome by chloretone or pepsin and guaiacol. He dresses his patients with as light-weight clothing as possible and provides thorough ventilation and advises plenty of liquid nourishment."

While this line of treatment is not new or original with Dr. Galbraith he deserves credit for his effects to bring it to the attention of the profession. A correspondent of the Journal A. M. A. calls attention to the fact that this plan was advocated by Juergensen in "Ziemsen's Cyclopedia of the Practice of

Medicine," in 1875. One or two other writers note the fact that large doses of quinine have been given for pneumonia in the past, but that it is not a specific.

Granting that it is not a specific, and medicine offers very few specifics for disease, if it reduces the death rate to one or two per centum, it should have our endorsement. Galbraith's first paper was published nearly eighteen months ago, and while a few reports of patients treated by the plan have appeared, it has not received the attention it deserves.

One of the chief objections raised against the plan is the well known effect of large doses of quinine upon the heart. On this question Dr. Galbraith has this to say: "Quinin will not depress the heart during the active stage of pneumonia. Quinin as I administer it will not only reduce the frequency of the heart, but will increase its volume and the peripheral circulation as well." He further asserts that not in a single instance has cinchonism been observed.

Some of the principal objects gained are the support of the heart, the prevention of crisis, the destruction of bacteria or rather their toxins, and the comfort of the patient. These are important considerations but more important still is the fact that the patients are cured.

Our personal experience of this treatment is limited to half dozen cases. The results were very satisfactory, though we believe more extended observations are necessary before a definite conclusion is reached. Care should be taken to carry out the principles of the treatment as outlined by the author as well as the certainty of a correct diagnosis.

**Doctors as Lawmakers.**

The appended editorial from the Iowa Medical Journal for March, 1906, is worthy of consideration by the profession of this in fact of all states. We have heretofore expressed our opinion to the doctor in politics, and also as to the need of doctors taking an active interest in public matters. We would still emphasize the latter proposition and deprecate the political doctor. But it is not essential that a member of the law making body of the State shall be a politician, though it is possible that his election may hinge on his adherence to some political party and his ability to pay tribute to it in the way of votes. The need of the doctor in the Legislature must be placed on higher grounds than that of political preferment or henchman to party platforms.

The decided interest of the public in hygienic and sanitary matters the past few years and the great importance of these to the public health, demand their careful consideration by our law makers. They have been before previous Legislatures and will come before those in the future and can be better considered and judged by the physician than by any other class and by right out to be submitted to his scrutiny.

We are not complaining at the treatment the profession has received at the hands of our State Legislature, but believe that if we had more doctors as members it would be better for us and the public. In this connection it may be well to note the striking difference between our nation and those of the old world in regard to members of the profession in public life. In European countries the doctor is popular as a public official from the lowest offices in the gift of the people to positions in

the cabinets of the nations. Here it is quite different, fewer members of the profession in ratio to its members being in public life than that of any other, save, perhaps, of the ministry.

**Doctors in the Legislature.**

We believe that the time has come when the medical men of this State should take more interest in legislative affairs and be willing to sacrifice something in the interests of better medical legislation.

We now have seven members of our profession in the general assembly of Iowa, men who have done valiant service and who are striving every day to better the condition of the people of Iowa. It is impossible for so small a number of men to carry the necessary weight to produce proper and efficient legislation. They need the support of all the county medical societies in the State. The best way this support can be given is for the county medical societies to look carefully over the field to determine whether or not their own members than by the professional politician. It behooves the county medical society to choose a bright, energetic, trustworthy man from its midst and induce him to allow his name to be put before the community for a place on the ticket, declaring himself as ready and willing to represent it in the Legislature. He can represent his county as well as, and in many instances far better than the ordinary politician and can represent the medical profession in a manner that the common politician can in no wise comprehend.

We do not mean politics in the ordinary sense that it is usually understood. We mean politics in the broad sense of assisting by legislation the in-



terests of the people, which interests are usually better understood by the wide-awake intelligent physician than any other man.

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### National Quarantine.

The House of Representatives passed the National Quarantine bill on April 17th, being the one designated as the House bill, which differs materially from the Senate bill.

Mr. Bartlett, of Georgia, said he was in favor of the Senate quarantine bill, but was everlastingly opposed to the House measure, because it gave to the federal government the right to invade a State and take away from it its police powers.

Mr. Daver, of Louisiana, said that if the members of the House had gone through a yellow fever scourge as he had said they would not stand on technicalities. He said that no law is so strong that he would not vote for it to keep the yellow fever out of his State.

The House bill was substituted for the Senate bill, the vote being 172 to 27.

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### Society Dues.

DR. MCKINNEY, in an editorial in the April issue of the Memphis Medical Monthly, advocates the reduction of the dues now exacted of the doctor in order to become a member of the American Medical Association. His position is as follows: The journal of the association is practically all the majority of the doctors get out of membership; in order to become a member and receive the journal he must be a member of the county society with annual dues of one-half to two dollars, generally one dollar. The State society claims two dollars of him and the national association five more annually.

Thus he must pay eight or nine dollars a year in order to secure membership in the national association, including its journal. The journal can be published at a profit at three dollars a year, and one dollar a year to each the county and the State society should be ample for all purposes connected with their management. The whole ought to be reduced to an annual sum of five dollars. The present fees may not be a hardship to some but they are to many. We have no use for the immense surplus yearly rolling, up to the credit of the American Medical Association. A reduction of the fees would increase the membership of the various societies and benefit the profession as a whole.

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### Newspapers and Public Executions.

From the press dispatch we learn that three newspapers have been indicted in Minnesota by a grand jury for violation of a law prohibiting the publishing in any newspaper a detailed account of public executions. The district judge upheld the action of the grand jury, though the defendant newspapers demurred to the indictment as being unconstitutional. We commend this law, and wish more States would enact similar ones, and while at it introduce a section prohibiting the publishing of such sensational matter. The world would be better if we had less yellow journalism.

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### Newspaper Notoriety.

Northwestern Medicine for March has an editorial on this question, dealing with a certain class of physicians whose name, or names, and picture appear frequently in the lay press. The most modest of physicians may occasionally get his name in the paper be-

cause of his attendance upon some accident or upon some noted person in official capacities, etc., though it may be distasteful to him. When this becomes of frequent occurrence he need not protest when somebody insinuates that he has a press agent. Anything more than the occasional appearance of a name or picture of a reputable physician or surgeon calls forth some very severe criticism from his professional brethren. When this happens often or in an obnoxious way, the offender deserves what he gets and will have hard work to convince any one that he did not mean in for advertising of the free kind. It is useless to say it could not be prevented; it could in nearly every case. They seek the notoriety, sometimes pay money for it and deserves the criticism they receive.

A doctor's empty pockets won't buy bread, nor can a poor sailor depend on life's ocean to quench his thirst.

## SELECTIONS FROM OUR EXCHANGES.

### Copying and Refilling.

Medical literature during the past score of years has been replete with articles written by members of the profession on the evil of substitution, but in the opinion of the writer copying and refilling constitute a thousand fold greater evil than substitution.

When a druggist substitutes he tries to give the patient "something just as good," and it is a safe guess that the remedy substituted is in the same pharmaceutical class as the one prescribed.

An honest druggist will not substitute and it is the business of the physician to see that his prescriptions do

### Egg-Skin Grafting.

The following is clipped from a newspaper as of interest to the profession. The procedure is not entirely new but is not on an established basis as to its utility or usefulness as a substitute for skin grafting for granulating wounds, according to the Thiersch method. Should the procedure prove satisfactory in giving a protective covering to granulating wounds, its advantages over the Thiersch method are obvious:

Nashville, April 16.—On January 21, last, little Catherine Boyd was fearfully burned at Florence, Ala., 250 square inches of the child's body being burned. One hundred and twenty square inches of egg skin were applied to the burns on February 21 and now the child is reported to be recovering and a cuticle is forming satisfactorily under the egg skin. There is no evidence of any contraction of the muscles, the child now being able to walk.

not go to the shop of any who belong to the opposite class.

All druggists copy and refill unless ordered not to do so by the one writing the prescription. Some diseases may require the same medicine indefinitely, but in the vast majority of cases the remedy of to-day will not be suitable for next week or next month—as the disease progresses toward recovery the pathology must change and hence the therapeutics should change also—besides the necessity for a change to suit the changed pathology of the case there is another reason why prescriptions should not be refilled and copied. The empty bottle or box is often passed

to a neighbor in a spirit of charity in the hope that the neighbor may be relieved of a supposedly similar condition. What follows? If the neighbor gets relief the doctor gets no credit and the neighbor is saved the necessity of calling a physician. If the neighbor gets no relief he will not call the same physician because his medicine did no good. In all cases it is better to instruct the druggist not to copy or refill and then each patient will get the remedy suitable to his condition.

Some years ago the writer discovered that he was treating a great many more patients than his office register showed and he was forced to have printed on his prescriptions, "*this prescription is the property of the undersigned and must not be copied or refilled.*" Since then the honest druggists who appreciate his trade have been very careful to carry out this instruction and he is also pleased to note the fact that a great many physicians have adopted much the same plan. The Supreme Court has decided that an architect who receipts "for professional services" can protect his work and his client can not build two houses on the same plans, while the architect who receipts for "plans and specifications" forfeits his right to ownership; therefore the patient who pays for *professional services does not own the prescription.*

Protect your patients (and others who imagine they have the same disease) by protecting your prescriptions, and you will find that every druggist who is a gentleman will be pleased to carry out your wishes. If you know of any who are not gentlemen, don't allow your prescriptions to go to their store.—*Colorado Medicine.*

### Modern Surgical Diagnosis.

There is much food for serious reflection in Dr. John B. Deaver's recent comments on the present day methods of diagnosis of surgical diseases, and we believe that they accord with the views of many surgeons of large experience. There is no doubt, as emphasized by Dr. Deaver, that the tendency of relying too implicitly upon laboratory findings—the reports of hematologists, bacteriologists, skiagraphers, and microscopists—rather than upon minute, painstaking and complete physical examination, and a careful study of the clinical history of the patient, is to be deprecated. While they must be regarded as very valuable auxiliaries, they cannot replace a thorough knowledge of anatomy, the trained touch of an experienced surgeon, the ability to reason cogently, and last but not least a fund of good common sense. In his masterly article, which is published in the November issue of the American Journal of Obstetrics, Dr. Deaver justly criticizes some of the modern methods of teaching in the medical schools, and we would heartily voice his plea for more thorough education of students in the principles of physical diagnosis and in the knowledge of the natural history of surgical methods until the former have been completely mastered—*Int. Jour. Surgery.*

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Masterly inactivity is often the highest therapeutic expedient, and yet in the face of public sentiment a policy of expectancy is at times extremely difficult to maintain. The more we observe the wonderful resources of the human organism, which it may marshal for its own protection in disease, the

more we realize that the physician frequently baffles the best results by an untimely and meddlesome therapeutics. Modern researches in immunity have shown that nature has endowed the human organism with vast powers of resistance, both phagocytic and antitoxic, and the most rational advance of internal medicine in recent years has come in the effort to treat disease by using only such means as shall increase the inherent resistant powers of the organism. The various antitoxins—at least one of which has been perfected—aid the organism by directly adding to its combative forces a fresh supply of the specific antitoxin; nucleinic acid—used *per oram* and hypodermically, increases phagocytosis, and thereby seems to increase resistance. Prof. Von Behring's significant announcement of a new immunizing treatment for tuberculosis is an earnest of great achievement, and follows the hopeful line of specific serum medication. Outside of the few specifics, however, that are now accredited, the treatment of disease is passing from under the ban of promiscuous doping—in an effort to meet indications only as they may arise. It is, in fact, a passing of the shotgun prescription, and the triumph of a rational and timely medication.—*Southern Medicine and Surgery*.

#### **Surgical Hints.**

In operations on alcoholic subjects it should always be remembered that the vitality of the tissues is often so low that the application of even moderate degrees of heat may give rise to sloughing.

The transformation of uterine fibromata into malignant growths is comparatively common, and hence the possibility of such an occurrence should

always be taken into consideration in the prognosis and treatment.

Patients with long and thick fore-skins when suffering from gonorrhea are rather unfavorable subjects for a speedy cure. The prepuce seems to keep the urethra in an abnormally hyperemic condition, thus favoring microbial growth.

In the treatment of intussusception the irrigation method should not be persisted in for too long a period, 48 hours being the maximum limit. The fluid should not be injected under high pressure, the irrigator not being suspended more than one and one-half feet above the patient.

Among fractures of the carpal bones the scaphoid is the one most liable to be involved. This injury is often overlooked on account of the absence of the ordinary signs of fracture, but should be suspected in the presence of localized pain, tenderness and swelling over the region of the bone.

Inflammations of the pleura are so often of tuberculous origin that it is well to treat all these cases as if they were actually tuberculosis. Hence after operations upon the pleural cavity an antituberculous plan of treatment should be pursued and the patient kept under observation for some time.

For the control of nasal hemorrhage tampons can be readily prepared as follows: A layer of cotton is wound around a penholder or similar object until the desired thickness is obtained and then withdrawn. The cotton cylinder is then moistened, squeezed dry and inserted into the nasal cavity. If the projecting end of the tampon is now moistened it will swell up and thus produce sufficient compression.—*Int. Jour. Surgery*.



### Some Points Worth Remembering in the Treatment of Typhoid Fever.

1. That the urine contains the typhoid bacilli in large numbers and becomes a means of spreading the disease.

2. That failure to disinfect the linen used in the sick room, as well as the discharges from the bowles and bladder, may confer the disease upon some member of the family.

3. That milk which forms one of the best and most nutritious articles of diet for a well person, becomes an elegant food for bacteria when that person is sick with intestinal disease.

4. That fever which continues for more than ten days after the administration of large doses in quinine, is not malarial, but typhoid.

5. That typhoid fever cannot be aborted by any known means at our command.—*W. T. S. Dodds, Medical Monitor.*

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### Education in Public Health Matters.

Dr. A. C. Abbott has a most excellent paper on "The Essentials of Successful Public Health Administration," in the *Journal A. M. A.*, of Feb. 17th, previously read before the Philadelphia County Medical society. While there is much in the paper to commend, the closing paragraph is of especial interest, and is here given.

"The creation of public sentiment.—Finally, it may safely be said that unless the public comprehends clearly the importance of the end toward which we are all striving, and appreciates the relation of all measures to that end, but little progress can be made. The campaign for the health of the people is essentially a campaign of education. Enlighten the people on all phases of the subject and at every opportunity,

and the work will progress smoothly. Keep them in ignorance, surround the subject with mysteries that cannot be comprehended by a plain man, and no laws that are enacted or powers that are conferred will suffice to accomplish the desired result."

The truth of this is beyond question. To the general practitioner, the family advisor in medical matters, this should appeal with extra force. Its importance cannot be over estimated if we really desire to be of that service to the public that our position demands. The education of the public on these questions is largely in the hands of the physician, and the responsibility is more upon the family physician than any other class.

It is a well known principle in economics of law that statutes unsupported by public sentiment are rarely enforced. Show the public the need of a procedure, and there is no trouble in enforcing a law on that point.

That the profession is handicapped in its efforts to benefit the general should not deter its members from bringing to bear all the influence possible on persecuting the work. The ultimate motive may be misunderstood, this purpose should be kept steadily in view, to create a healthy public sentiment in public health matters.

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### Physicians in Fiction.

The *Medical World* has given from time to time lists of books of fiction of interest to physicians, because of some character being a physician, or in some way connected with doctors, furnished by its correspondents which is here reproduced.

1. *Damnation of Theron Ware*, by Harold Fredric.

2. Sringtown on The Pike, J. U. Lloyd.
3. The Sowers, H. S. Merriman.
4. Fat of the Land, William Streeter.
5. The Country Doctor, Balzac.
6. Etidorphia, J. U. Lloyd.
7. Mrs. Wiggs of the Cabbage Patch, Alice H. Rice.
8. The Hound of the Baskervilles, Conan Doyle.
9. The Physician's Wife, Mary E. Firebaugh.
10. Daydreams of a Country Doctor, Dr. Barlow.
- The Doctor's Leisure Hour.
- The Doctor's Red Lamp.
- In The Year 1800.
- A Book About Doctors.
- The Doctor's Widow.
- The Dairy of a Late Physician.
- The Inn of Rest.
- Doctors of the Old School.
- The Shrine of Aesculapius.
- The Doctor's Domicile.
- A Cyclopedia of Medical History.
- The Doctor's Who's Who.
- Doctor's Recreation Series, Akron, Ohio.
- A Doctor of the Old School. Ian McLauren.
1. Dr. Nicholas Stone. By E. Spencer De Pue.
2. Stories of a Country Doctor. By W. P. King, M. D.
3. The Doctor's Wife. By Miss M. E. Brandon.
4. Experiences of a Rebel Surgeon. Daniels.
5. Doctor Xavier. May Pemberton.
6. Doctor Jekyll and Mr. Hyde. Stevenson.
7. The Doctor's Secret, or the Shadow on the Wall. By Scott Campbell.
8. Doctor Villagos. By Fortune du Boisgobey.
9. Doctor Jack. By St. George Rathborne.
11. Ups and Downs of a Virginia Doctor. By C. A. Bryce, M. D.
12. The Old Family Doctor. By H. C. Brainard, M. D.
13. Dr. Endicott's Experiments. By Adelaine Sergeant.
14. Dr. Claudius. By F. Marion Crawford.
15. Dr. Dale. By Morrow Harland.
16. Dr. Hathern's Daughters. By Mrs. M. J. Holmes.
17. Dr. Latimer. By Clara L. Burnham.
18. Dr. Sevier. By George W. Cable.
19. Dr. Le Baron and His Daughters. By Jane G. Austen.
20. The Faith Doctor. By Edward Eggleston.
21. The Doctor's Dilemma. By Hesba Stretton.
1. A Man's Woman. By Frank Norris.
2. Round the Red Lamp. By Sir A. C. Doyle.
4. Jim Mortimer, Surgeon. By A. S. Bell.
5. Dr. Herne. By R. Haggard.
6. Memoirs of a Physician. By Dumas.
7. Dr. Luke of the Labrador. By Norman Duncan.
8. Dr. Grenfell's Parish. By Norman Duncan.
9. Confessions of an English Doctor.

#### Advice to Physicians with regard to Investments.

The Southern Branch of the Philadelphia County Medical Society devoted a recent meeting to a sort of financial "symposium." The subjects under discussion were A Physician's Earnings, Professional Compensation,

and the Right to Its Enforcement; and the question of Investments by Physicians. A prominent layman, well known as a successful broker, was invited to make some remarks upon the latter topic, which were very well received. He said that the banker or broker held very much the same confidential position toward his client as the physician held toward his patient. We should therefore first select a broker of prominence and unsullied reputation and be guided by his experience and judgment in making investments. It is not to the broker's interest that his client should lose his money, because he then ceases to be a customer. The advice he gives may not be free from mistake, on account of unforeseen contingencies, and because no one is infallible, yet in the long run it will be wise to follow it. With regard to the investments themselves, the speaker advised adhering to the legitimate and the avoidance of the illegitimate or the quack, get-rich-quick schemes. He especially counselled professional men against buying stock on a margin, which often led to trouble and loss. The percentage of men who purchase their securities outright and lose is small indeed. On the whole, it is the part of wisdom, especially for professional men, to let speculation of all kinds alone, and, with any surplus money they may have to invest, to purchase such bonds as a conservative broker with a good reputation recommends to them.—Editorial *N. Y. Med. Jour.*

Vienna is considering the establishment of a hospital which will cover about 2,400 square feet of ground and cost in the neighborhood of \$8,000,000.

Professor Koch is said to have decided to apply the Nobel prize recently

awarded to him to the publication of a complete edition of his scientific writings.

Dr. Alexander Graham Bell has given \$75,000 to the Volta Bureau of Washington, D. C., as a memorial to his father, Prof. Alexander Melville Bell. The bureau was established by Dr. Bell with the object of increasing the diffusion of knowledge relating to the deaf and dumb.

President Roosevelt has appointed a joint board composed of officers of the medical department of the army and navy to consider improvements in the matter of first-aid dressings and the advisability of the adoption of a uniform equipment in the medical department of the two principal branches of the military service.

The yellow fever outbreak in Mississippi last summer cost that State \$43,220.08, the quarantine guards receiving the large proportion of this. The fever appeared at fifteen places in the State, and there were 837 cases and 61 deaths. It is to be hoped that Federal control of quarantine, which certainly will be legislated in favor of during this session of Congress, will obviate future expense of this character.

According to the Washington (D. C.) Post, Commissioner of Internal Revenue Yerkes has stated that druggists may use alcoholic liquors in compounding physicians' prescriptions and in making tinctures for sale in good faith for medicinal use only, without subjecting themselves to special tax as liquor dealers, but he decides that a physician can not prescribe whisky for a patient when not compounded with medicine, without involving himself in special tax liability, even though he prescribes it for use as medicine only.

Immigration officers state that there

is an extensive business in doctoring immigrants so that, while really unfit, they can pass the physical examination at Ellis Island, says the Philadelphia Press. When past the barrier they are at liberty to relapse, and do so promptly. In many foreign cities there are hospitals for the treatment of people anxious to enter the United States. Especial attention is given to trachoma, an eye disease much dreaded here. One conscienceless Frenchman has made a fortune by this, largely through treating for the malady people who never had a touch of it. As these pass the examination, as a matter of course, they constitute a fine advertisement for the charlatan. Those really affected get temporary relief, the tell-tale symptoms abating long enough to serve the purpose. The idea is new only in this particular application. Horse traders resort to similar methods. Some of them can so doctor a decrepit animal that for the nonce he is spirited, his coat shines, and he has a pleasing plumpness. Soon after a sale he collapses like a balloon. Horses are doped just before a race, and run with an artificial speed and strength, but the method fails to win approval. The immigrant that can not pass muster until he has been doped should not be admitted. The possibility of his attempting it demonstrates the necessity for more rigid inspection. He makes essential a longer period of detention, and it may become imperative to analyze him for traces of adrenalin. The importation of healthy immigrants is desired, but infectious maladies must be kept under the ban, even to the discomfiture of the doped alien.

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A man who blows a borrowed horn is good for little else.

### Old Men and Medical Progress.

Often men over 40 years of age may distinguish themselves by some important discovery, and even men of over 60 years of age may occasionally do hard work, but the greatest fault of old men, as Am. Med. had aptly stated, is their indisposition to recognize the original work of young men. History is full of striking examples of this inaptitude, and herein, more than an ability to work, lies the weakness of the declining years.

Why should age develop this self conceit? Why do gray hairs insist that they are the signs of superior knowledge? But most of all, why do declining years engender the spirit of intolerance toward the young who are struggling upward? No doubt, the exceptions are numerous, but how often do we find excellent work of young men discredited and shoved aside by those whose critical judgment should be the most just and accurate!—Editorial, *Courier of Medicine*.

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### The Proper View to Take in Organization.

We can accomplish nothing outside of co-operative and organized work; and though we fail to realize all we hope for, we can attain much that will improve our present condition. Is it not childish for us to permit personal prejudices and predilections as to methods and men turn us aside from the attainment of this power we so plainly need? All great accomplishments demand the sacrifice of the smaller things for the greater in view; and if we could serve best the great profession to which we belong, and the present generation and those to come who look to us with hope and confidence, we must follow this rule that



obtains in all great enterprises. Let us not be too ready to criticise methods of men; we ourselves are fallible. The future will work out many problems that perplex us now; and under broader and more intelligent views the needs will be met and the bad in men and methods will be thrown aside. The more strongly and heartily we combine now for this great object, forgetting the little differences that must come up, the sooner will we accomplish this great purpose. The profession of medicine will rise to a higher plane of proficiency and will occupy a higher place in the esteem of the people.—B. F. Eager, in *Kentucky State Medical Association Bulletin*.

#### **Mosquito Work on the Isthmus.**

Assistant Surgeon W. C. Gorgas gives an interesting history in a recent issue of the *Journal of the American Medical Association* of the mosquito work being done on the isthmus. He reviews the conditions heretofore prevailing under the French occupation, and shows how the two diseases, malaria and yellow fever, were responsible for a huge mortality, which was probably not all recorded. Detailing what has been accomplished under American control, the results are shown to be highly complimentary to the American administration, and are satisfactory in every respect.

#### **Rheumatism of the Feet.**

L. W. Ely says that among the patients seeking relief at an orthopedic clinic probably the most frequent complaint is rheumatism of the feet, yet it might be said with slight exaggeration that an article on this subject should read like the old book on snakes in Ireland: "There is no rheumatism of the

feet." One of the commonest affections given rise to pain in the feet is flat-foot. Another is anterior metatarsalgia, or Morton's toe. Gonorrheal arthritis or peri-arthritis of the ankle has often been observed, and the author says that there is a form of gonorrheal infection characterized by extreme sensitiveness about the sole, to which he gives the name of gonorrheal foot. The pathology of this affection is still a matter of doubt. Hysteria may stimulate rheumatism of the feet, and tuberculosis of the ankle and tarsus must also be carefully excluded, as any circumscribed persistent, painful swelling in the foot, especially of a child, is to be viewed with extreme suspicion. The sequelæ of fractures, and the pains of late syphilis or of locomotor ataxia must also be kept in mind. Gout and acute rheumatism itself close the list of such affections, and it is pointed out that acute articular rheumatism never leaves behind it a damaged joint. The treatment of these conditions is then briefly outlined, the chief adjuvants required being zinc oxid plaster, plaster of Paris, a few drugs, and some assistance from the bracemaker and shoemaker.—*Med. Rec. Courier Med.*

Granulating surfaces must be treated with all gentleness. Nature in her lavishness often pours out more cellular material than is needed for the reparative process—the so-called laudable pus of the older surgeons. Efforts to remove this slight discharge by sponging and forcible irrigation or the use of strong antiseptic solutions injure the delicate granulations, cause bleeding, and hence delay repair.—*Int. Jour. of Surg.*

**The Truth About Panama.**

Lindsay Denison, who, unhampered by any necessity of catching the next boat back, recently made a detailed investigation of the work being done on the Panama Canal, does not share the gloomy views of certain of the administration's long-distance critics. In an extremely sane article in the current *Everybody's* entitled "Making Good at Panama," he says:

"On the Isthmus of Panama the business of the American people is being well done. It is not perfect. There is too much petty graft—as on the railroad; but is too much petty graft—as on the railroad; but it is of no more importance than mosquito bites on an elephant. But one has only to use his eyes to see that we have gone into one of the pest-holes of the world and have made it fairly habitable; that we have tackled a job in which another great nation failed conspicuously and are so conducting it as to keep clear of shame; that in spite of tremendous difficulties on the spot and malicious and mercenary hindrances here at home we are doing sane, effective, honest work; that we are going to build the canal and build it well!

"There are too many men on the Isthmus who ought not to be there. But in John F. Stevens and in the men who surround him there burns the spirit embodied in the words which Theodore Roosevelt is said to have uttered recently to an engineer about to depart for Panama:

"Remember this: that whatever the American people may think of you and me, the last thing they will ever forget about either of us will be that we had to do with the making of the Panama Canal."

**The Doctor.**

My doctor is a merry soul,  
He has such funny ways,  
I think of little things he does  
And laugh for days and days.  
  
He takes a slender-pointed stick,  
Then tells me, "Never fear!"  
And pokes some cotton up my nose  
And pulls it out my year,  
Then stands me near the eight-day  
clock

To see if I can hear.

My tongue he seizes with the tongs  
And sits upon my jaw,  
Then jabs the handle of a spoon  
Into my waiting maw—  
Or takes my tonsils in his fist  
And sweetly says, "Say Aw!"

Attacks of blues I take to him—  
They turn to black and blues:  
Thermometers I fain must chew  
E'en though I may not choose.  
He gives me dope so active that  
It filters out my shoes.

Within one tearful trusting eye  
A crowbar he inserts  
And swiftly in the other one  
Tobacco sauce he squirts,  
The while he says in tender tones,  
"Please tell me when it hurts."

If I admit in bashful tones  
A certain sort of ill,  
It's marvelous what he can do  
With one wee little pill:  
I swallowed one three weeks ago—  
The thing is busy still.

I dream he kneels upon my chest  
When I am sleeping nights.  
He turns my liver inside out  
And then blows out my lights.  
It thus becomes too dark to see  
The other ghastly sights.

—Puck.

**Case of Circuletitis.**

We are glad to know that Mrs. S. C. R., of King's Mountain, R. F. D. No. 2, who has been critically ill for several weeks is convalescent. She has been suffering from an extreme case of circuletitis which was worked by a congestion in one foot and a collection of a large amount of puss. It is a case of rare occurrence.

The above is a clipping from one of our nearby county papers, and is rather an extreme case of newspaper medicine.

**A Skilled Physician.**

"Faith, e's a mighty foine docthor. He attinded O'Pheelan whin he was sick av th' appindicitis. 'Poke out yez toongue,' he says; 'bedad, Oi'll the opprate on ye,' he says. 'Divil a bit Oi be operated on,' says O'Pheelan. 'Then yez'll be a dead man b' two o'clock,' he says. So he operated."

"An' saved O'Pheelan's loife?"

An' saved O'Pheelan's life—wan hour. He died at thray."—*Kansas City Journal*.

**The Diaphonous Bostonian.**

A specialist in throat troubles was called to treat a Boston lady who manifested so much interest in his surgical instruments that he explained their use to her. "This laryngoscope," he said, "is fitted with small mirrows and an electric light; the interior of your throat will be seen by me as clearly as the exterior; you would be surprised to know far, far down we can see with an instrument of this kind." The operation over, the lady appeared somewhat agitated.

"Poor girl," said her sister, who was

present, "it must have been very painful."

"Oh, no, not that," whispered the Boston lady; "but just as he fixed his instrument in place I remembered I had a hole in my stocking."

In a paper on "Sexual Neurasthenia in Men", Dr. Arthur E. Mink, of St. Louis, Mo., says: "In the treatment of sexual neurasthenia the tonics, such as iron, arsenic, strychnine, quinine, gold and zinc, are of value in many cases. The most efficient in my opinion is Sanmetto. It seems to act directly upon the genito-spinal centre and improves its nutrition. Many cases, as I have said before, are remotely due to gonorrhea, and hence Sanmetto, is doubly of value in such cases."

Hare emphasizes that before ordering a drug or method of treatment the physician should have a clear conception of what he is trying to accomplish. No remedy should be given unless there is a distinct indication for its use.

Burghardt has pointed out that in the earliest stages of phthisis, in which as yet no signs of pathologic change can be made out in the apices, it is often possible to hear, on auscultation over the base of the lung, fine moist rales.

The February number of the *Annals of Surgery* contains 13 original articles and the transactions of the New York and Philadelphia surgical societies. A synopsis of several of the articles will be found among the abstracts. Among other articles may be mentioned three articles on the much neglected subject of fractures. These, with the other articles, make an interesting and instructive number.

**Stop Throwing Bricks.**

We advise some of our friends to stop firing cross compliments at each other through their respective publications. Ridicule and bitterness will not solve the problem that Messrs. Simmons, Billings & Co. have undertaken. It will not injure any really ethical proprietary, nor will it separate the true from the false. The fellow who goes into the medical chancery court must go in with clean hands himself if he expects to win out. Paddle your own canoe and keep out of muddy water yourself, and your example will be worth far more than all the mud you may sling. People get tired of the same play all the time!

**Delinquent Subscribers.**

Gaillard's desire to ask attention to a little matter which some of its subscribers have seemingly allowed to escape their attention. We really hate to speak of it, yet to us this is no small issue, really it is a necessary part of any successful business enterprise. We desist from speaking further on the subject, however this season of good cheer suggests that they would be pleased to send us a few samoleons. No doubt that you have already seen enough between the lines to guess the point toward which our remarks are pressing.—*Gail-Southern Med.*

**Fooling the Doctors.**

A party calling himself F. J. Bailey, and representing the Columbian Life Insurance Co., of Boston, has been "working" the doctors in South Carolina, and possibly in North Carolina also. His plan is to appoint the doctor as medical examiner and allow him the special privilege of buying four shares of stock (par value \$100, we suppose)

for \$30 per share. Stock delivery to be made from the home office, cash collected by himself. The certificate of stock fail to materialize. One of his numerous victims writes us as above and asks us to publish for the benefit of the profession.

A Berlin lawyer has given, says an exchange, \$12,500 to start a fund to supply financial aid to scientists studying important problems in the natural sciences, including biology and medicine.

**Colorless Iodin.**

Here is a very way to make colorless iodine, and make it instantly without waiting a minute for the change:

*Recipe*—Iodin.....drams vii

Aqua ammonia...drams i-2

Carbolic acid...drops x to xil

Shake well and wait just a moment and all color will be gone. The therapeutic value is not altered, and stains avoided.—*Med. World.*

**Headache of Cerebral Congestion.**

Headache of cerebral congestion requires:

R Sodium bromid, ʒj.

Veratrum viride tinct., gtt. xxiv.

Ginger syr., ʒss.

Orange-flower aq., ʒiiss.

M. Sig.: Teaspoonful in two tablespoonfuls of water every two hours. (Randolph.) (Prescrip<sup>ar</sup>thar<sup>ar</sup>thar<sup>tr</sup>trr  
—*Randolph, Prescription.*

The sugar coated expression of the hypocrite is a facial fallacy.

When a doctor loses a patient he loses a friend and other friends may follow in the same wake.



## NEWER MATERIA MEDICA.

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It is an established custom of physicians to administer iron whenever a patient with pale, waxy, or sallow complexion complains of extreme exhaustion, muscular feebleness, easily accelerated pulse, aphasia, anorexia and the several symptoms which constitute the characteristic issues of a qualitative or quantitative reduction of the corpuscular elements of the blood.

Such symptoms are unerring indications of anemia, and iron is beyond dispute a cure for that disorder. But while the chief therapeutic property of iron is that of an anti-anemic, the subordinate, or collateral, effects of the drug are manifold, and are worthy of far more consideration than they usually receive.

As a hemoglobin-contributor and multiplier of red blood corpuscles, iron will doubtless forever stand supreme, but its utility is by no means restricted to anemic conditions, for one of the chief effects of iron—one quite often lost sight of—is its influence upon nutrition.

The primary effect of iron is a stimulation of the blood supply. This results from invigoration of the blood vessels. As a consequence of a more active blood stream, the digestive capacity is increased and the nutritive processes are correspondingly improved. Subsequently, iron increases the amount of hemoglobin contained in the red corpuscles. This imported hemoglobin converts the systemic oxygen into ozone, and thuswise oxidation, upon which nutrition directly depends, is restored to its proper standard.

It is impossible to emphasize the fact

too strongly that it is necessary to do more than increase the appetite to correct nutritive disturbances. A voracious appetite does not necessarily imply an extensive appropriation of nutriment. On the contrary, it is commonly observed that individuals who eat ravenously suffer, the while, a progressive loss in physical weight and strength, even in the absence of all exertions that might account for such losses. And while it is obviously needful to relieve the existing anorexia in order to arrest a loss of weight, it is likewise essential that the capacity to properly digest food be fully restored before the nutritive processes can proceed in befitting order.

The manner in which iron begets an increase in appetite has only recently been perfectly understood. The earlier observers entertained the belief that an increase in appetite resulted from the mechanical effect of iron, and that this mechanical effect never manifested itself unless the drug was administered in some acid form. Later investigators advanced the theory that this mechanical effect could be secured by rendering the drug either strongly acid or alkaline. Recent observations have completely disproved the accuracy of both of those theories by inviting our attention to the indisputable fact that a neutral preparation of iron will relieve anorexia with greater celerity than will either an acid or an alkaline one. From the information gained from these observations, we are impelled to admit that the increase in appetite attending the employment of iron is due solely to the increased oxidation induced by its

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entrance into the blood stream. Accepting this as being true, we can readily understand the manner in which iron exerts its happy effect upon the nutritive processes.

The aforesaid facts compel the admission that that preparation of iron which enters most rapidly into the blood stream is the one capable of producing the best results in all disturbances of nutrition. Acid preparations if iron diminish the alkalinity of the of the drug, offend the mucous lining of blood, thus depressing the distribution of nutriment, and alkaline preparations the alimentary tract. For these reasons it is consistent with logic to extend preferment to that preparation of iron which is neutral in reaction. That preparation is the Pepto-Mangan (Gude).

Pepto-Mangan (Gude) is unques-

tionably the form of iron most closely resembling that which is native to the economy, and the striking affinity for it displayed by the circulating fluid causes us to concede that it possesses attributes not common to any other preparation of the drug. Whence we take it that it is the precise form in which to administer iron when a correction of nutritive deficiencies is the end to be achieved.

In those conditions of weakened digestive power where the function is unable properly to take care of the food supply; when to administer the ordinary forms of iron would be but to increase the digestive disturbance, Pepto-Mangan (Gude) may be prescribed without apprehension, as the preparation is tolerated by the weakest stomach. Being practically predigested,

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In the April number of the American Journal of Clinical Medicine Prof. Salisbury contributes a suggestive paper dealing with the mutual assumption that absorption from the stomach is

universal and speedy. In dogs and probably in man iodides are not so absorbed; strychnine is not absorbed from the stomach of the rabbit but is from that of the dog and probably from that of man. Inouye found that neither atropine nor rhubarb were absorbed from the human stomach. Inorganic salts are slightly if at all taken up from this organ. Altogether the uncertainty of this organ is great. The intestines offer more favorable conditions, and if the stomach is empty when the medicine is taken, and the motor power good, the dose may be forwarded into the duodenum and be absorbed thence



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in about a quarter hour, but if the food is present it must wait the conclusion of digestion. Alcohol facilitates absorption. Great dilution hinders quick action. Carbohydrates leave the stomach more quickly than peptones—syrup is a better vehicle than milk for speedy action. Iodides are decomposed by hydrochloric acid present in the digestive epoch unless alkalies be given at the same time.

"About every prominent man seized with pneumonia dies," so observes Abbott in a terse and pointed brief on the "Treatment of Pneumonia" in "Clinical Medicine" for March. The rest is so frank and so full of truth that we quote a part verbatim: We men-

tally prepared Field's obituary the moment he had a slight cold. Wheeler's death was ever surer. Given, a prominent man with pneumonia, a group of "eminent physicians" in attendance, each afraid to suggest any active therapeutic measure as the rest are sure to land on him with both feet, with a daily bulletin as the last straw, and the result is inevitable. Conscious that the eyes of the entire community are on them, they have more than one-half their attention fixed on the "grand stand," and the opportunities for effective intervention are unrecognized or unimproved; while the multiplicity of counsel renders the following of a consistent plan of treatment impossible.

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## Enuresis.

The following formulæ by Sheffield are recommended in the treatment of enuresis:

R Ext. ergotæ, f5ij.

Ext. rhus toxicodendron, f5j.

M. Sig.: Five to ten drops every four to six hours.

In cases of incontinence due to hyperæsthesia of the neck of the bladder irritating foods should be avoided, sitz baths employed, and the following antispasmodic mixture given:

R Ext. hyoscyami, 5ss.

Sodii bromidi, 5j.

Aq. anise, 5j.

Syr. simp., q. s. ad 5ij.

M. Sig.: One teaspoonful every four to six hours. Counter-irritation by means of mustard plasters should be employed over the lumbo-sacral region. (Journal of the American Medical Association.)

## Cypridol in Syphilis.

By Frank M. Tebbetts, M. D., Chicago.  
"La Tribune Medicale," Dec., 1905.

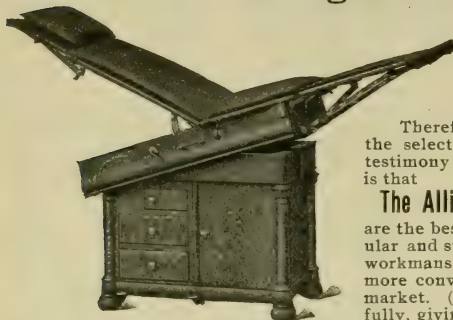
The following case of syphilis treated by me with cypridol, satisfactorily illustrates how cypridol or biniodized oil can be used without salivation or intestinal disturbance concomitant with the administration of the iodides of mercury in the usual form.

Alonzo H. gave history of severe and repeated attacks of sore throat. He had, before coming to me, been treated by a physician who had diagnosed his case as one of phlegmonous tonsil and his treatment had brought no relief.

Upon examination of the throat I discovered the characteristic ulceration of syphilis appearing upon both tonsils but markedly upon the left with great oedema of the pillars. He stated his throat continually pained him, and for some days before coming he had been

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unable to swallow any solid food whatever.

Careful inquiry of patient's habits confirmed my diagnosis and I at once put him upon specific treatment, beginning with one capsule of cypridol at meal time, three times daily. He reported at the office three times a week for local treatment which consisted in cleansing the throat with an antiseptic spray and subsequent application with a cotton swab of 50 per cent. solution of iodine in glycerin thoroughly applied to every ulceration and carried over pillars of the fauces.

The patient responded quickly to this treatment, as was evidenced upon examination of the throat at subsequent visit. I found a marked decrease in the throat congestion and less of the characteristic gray ulceration upon the tonsils.

This local improvement was attended

by a general systemic improvement, the patient stating that his throat did not pain him so acutely, that he could now sleep at night, and that he was able to take food in a solid form. He continued this treatment for five weeks, gradually increasing the number of capsules to five daily, continually improving to the end of the period.

During the entire treatment the patient assimilated perfectly the capsules prescribed and at no time complained of gastric disturbance or intestinal irritation and had no symptoms of salivation whatever. At the present writing, careful examination shows no return of ulceration.

## **Endometritis.**

By J. J. O'Sullivan, M. D., New York City.

Being a firm friend of Glyco-Thymoline for many years have no hesi-

tation in endorsing it at any time. As regards my experience with it in Gynecology, will say that I have a record of some ninety cases in which I have used Glyco-Thymoline to a greater or less extent and have always found it of great value in reducing congestions and engorgements and promoting a healthy condition of the tissue.

The following cases serve to illustrate the usual method followed in applying this agent:

Case I. Mrs. H. G. aged 24, married three years; multipara; occupation, housewife, gave the following history: Began menstruating at age of 14 years, and had always had some pain which had, however, become intense during the last two. Past two months had suffered backache and pain through the pelvic region, bowels constipated. Digital examination showed the cervix to be very tender and engorged and with some slight congestion of the uterus itself, accompanied by a profuse whitish discharge. Diagnosis of endocervitis being made, a tampon of cotton soaked in pure Glyco-Thymoline was applied and patient directed to inject small amount of Glyco-Thymoline pure into vagina twice a day. Tampons of cotton and Glyco-Thymoline were repeated every other day and patient discharged in one month cured. Aside from an occasional saline laxative no other treatment was used.

Case 2. Mrs. M. H. aged 21; married; multipara; occupation, housewife. Came to me complaining of intense pain throughout the pelvic region, feeling of weight and bearing down sensation, bowels constipated and frequent micturition having to void her urine from five to six times nightly, which was accompanied by severe burning



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and tenesmus. An examination disclosed a lacerated cervix with considerable inflammation of the endometrium. Treatment consisted of tampons of cotton and pure Glyco-Thymoline applied every second day with intrauterine douches of a hot 25 per cent solution of Glyco-Thymoline applied by means of Chamberlain's glass tube. This patient has been under my treatment for three months now and the laceration has almost healed which I expect to be complete in two to three weeks when I will discharge her, the endometrium having long since disappeared. This patient had been advised by a brother practitioner that it would be impossible to relieve the cervical laceration without an operation.



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Case 3. Mrs. McC., aged 42 years; multipara; occupation, housewife. Began menstruating at age of 13 years. Has had four children and two miscarriages. Had always experienced pain preceding periods until the last, when pain persisted throughout the week and when I first saw her she complained of most distressing backache, bearing down pains and pain generally throughout the entire pelvic region; associated with these symptoms was considerable, vesical irritation causing her to void urine four to five times every night. An examination disclosed a slight laceration of the cervix and an inflammation of the lining membrane which extended to and just beyond the internal os. Treatment consisted of tampons of cotton and Glyco-Thymo-

line applied every third day and hot vaginal douches of Glyco-Thymoline applied every third day and hot vaginal douches of Glyco-Thymoline, two drachms to the pint twice a day for a week, increased to three drachms to the pint for two weeks longer, at the end of which time she was discharged cured, with directions to continue the douche for two weeks longer.

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His Honor the Chief Justice of Victoria said with regard to the genuine "Sander & Sons Eucalyptol" that whenever an article is recommended by reason of its good quality, etc., it is not permissible to imitate any of its features, and he granted a perpetual injunction preventing the defendant party from so doing.

There are many degrees between an absolutely inert and injurious article, and one which was proved by expert witnesses at this Tribunal of Justice to be absolutely pure and scientifically standardized, viz: the genuine "Sander & Sons Eucalyptol." But mediocrity has no place in medicine and only the best and most reliable article will make and maintain the doctor's reputation.

Thus the necessity for observing strictest adherence to most scrupulous discrimination in securing an approved product is once more convincingly substantiated by the foregoing and furthermore strengthened by a report which Dr. Owen made some time ago to the Medical Society of Victoria. The doctor states "that a child living at Fitzroy, a suburb of Melbourne, became most seriously indisposed through the use of eucalypt." The number of inert and even injurious products of eucalyptus has, since this report is made, rather increased than otherwise, and so we find precaution now even more indicated than ever before. Therefore, please specify "Sander & Sons Eucalyptol" when prescribing.

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*International Journal of Surgery,*  
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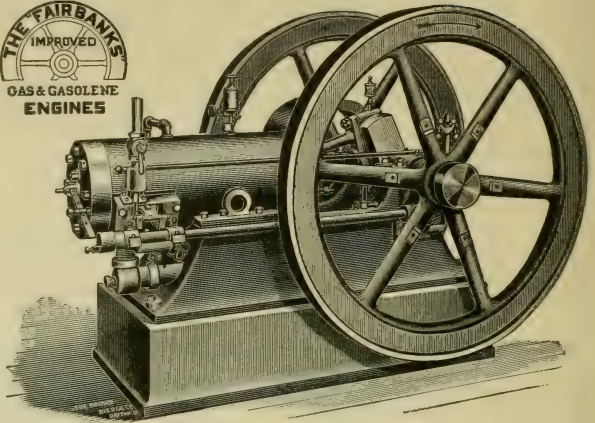
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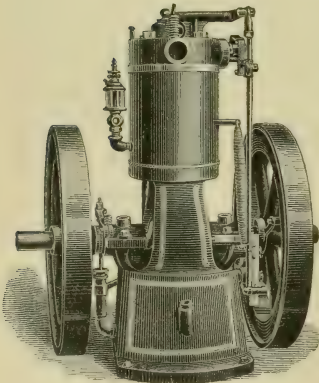
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arm is drawn out horizontally, allowing sufficient space between it and the ground for a candle. The flame of the candle or of a taper or match is then held beneath it, allowing the flame to touch the skin on the anterior aspect of the forearm. In a few seconds an air blister forms and bursts, but there is no fluid. If the person is still alive, an ordinary blister inclosing serum forms instead of the dry, explosive-gas blister.—*Gaz. Med. Belge*, Feb. 22.

### An Improvised Stomach Tube.

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of the soft rubber tube into the stomach. When the bag is nearly empty, produce siphonage by laying it on the floor. — (*Texas Medical Times*.)  
*Cyclop. Med.*

### The Doctor.

When any man enters the medical army, he bows his neck beneath the heaviest yoke of self-abnegation in this world, that of the professional soldier in warring countries not excepted. This has at worst, if not early immolated, long seasons of peaceful exemption from the dangers of his perilous life. Not so the doctor. Every day and any hour of night he is liable to be ushered into the dread presence of remorseless pestilence. He enters the arena with his breast unselfishly bared, maybe in the appalling unequal conflict with the

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destroying angel, whose deadly shaft early smites that noble heart of antagonistical devotion; and the brave defender of imperiled humanity dies. And who are his mourners? Alas, too often a pale, patient little woman and those babes whose sacrificed father gained no more than a scanty sufficiency for their maintenance; and with his ebbing life, the fountain source dried up into irretrievable woe. This was all. Idle tears are brushed away; dry sorrow drinks the blood, while the impoverished family pines in silent dignity.

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and then, to aid the alleviation of such pinching poverty of those so near and dear to a fallen brother who perished bravely in the ranks of annihilating war. Do any of you ever reflect for one pensive, passing moment in this beautifying strain, that so lustroously adorns the loftiest chamber of every sympathetic brain, and sways the profoundest depths of the soul, whose habitation is some polished bosom? If you do, the immortal spark now gleaming on the inspired point of this aggressive pen will ignite that heavenly thought into deathless flame, and devolve some appropriate organization for the temporary relief of the families of doctors left indigent by the untimely death of their natural protectors, in the perilous duty of combating contagious disease.—Robert Gray in *Albright's Practitioner*.

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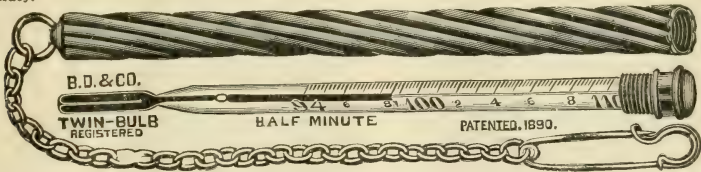
one side of the room to the other in such manner that the bag will touch the abdomen, but will not bear upon it with its entire weight. Such a plan admits of using larger pieces of ice in the bag, and hence such frequent changes are avoided. A cloth should always be kept between the skin and the ice bag.—*Med. World.*

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From the pulpits to the door.  
For with coverlet of blackness  
On his portly figure spread,  
Lies the grim old country doctor  
In his massive oaken bed,  
Lies the fierce old country doctor,  
Lies the kind old country doctor,  
Whom the populace considered  
With mingled love and dread.  
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Of much or little worth  
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They would praise their Maker's name,  
Knowing if he lost the battle  
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'Twas the good old faulty doctor,  
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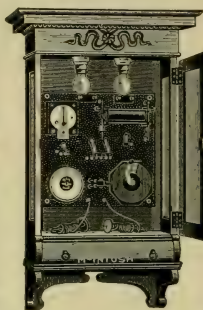
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## ORIGINAL COMMUNICATIONS.

### Address to the North Carolina Medical Society.

(By the President, Dr. E. C. Register.)

*Mr. Chairman, Ladies and Gentlemen:*

The eminent men, who, through your confidence and through your courtesy and good will, have been permitted to occupy this position, have referred to the honor of this office to the responsibilities attached to it, and most feelingly, to those who have preceded them.

When I recall to mind these beautiful references, when I think of the brilliant men who have been president of this Society, men who have preceded me, I feel more than ever my anxiety and my timidity, the need of your assistance and your advice.

There has never been a time in the history of this organization or in the history of Medicine when medical prog-

ress was more active than it is now, when facts and theories were appearing so fast. One is startled at what he has missed if he fail to read Medical Journals and attend Medical Society meetings for only a few months.

Since the relation of bacteria to disease has been discovered much of pathology has been revolutionized and many change in the treatment of medical and surgical cases have followed. Our ability to observe has been greatly aided by the numerous mechanical and physical means now at our disposal. With these means a correct diagnosis of many diseases once obscure is now easy, their pathology understood and the treatment simplified and effective. Chemical discoveries are now throwing new light on many physiological processes and appropriate therapeutic ag-

ents are fast multiplying. Specialists in the several branches of medicine and surgery are being developed and fostered; they have their organizations and departments of investigation; they are achieving results that arouse our admiration and enthusiasm. Without their skill and without their accomplishments many cases would be neglected and many lives sacrificed that are now relieved and made strong.

Within the past two decades, through the aid and influence of a few of our great men, many special facilities for original research have been established. We can think of no beneficence from which greater good can emanate than from laboratories and establishments of this kind where scientific principles are coined and where we have a basis to achieve a more perfect technical development. For several years the activities of the medical profession have not been confined to medical principles alone. We find that through the influence of medical organizations like this and through their energy and wise direction many laws for the protection of the public and for the prevention of many kinds of disease and for the care and cure of the afflicted have been enacted, scattered through nearly every paragraph of these enactments we see evidences that our legislative committee has done a great deal to elevate the standard of medical education, to make effective our sanitary and quarantine regulations and prevent the adulteration of food and drink and to care for the insane and feeble minded.

It has occurred to many of us, no doubt, that our lay friends, the general public, do not, every time, understand our efforts, the high motives of physicians, or appreciate their sacrifices.

Prominent officials sometimes depreciate our work and do not interpret correctly our motives. It would be much better for the people of the State if some of our judges could be made to believe that our methods tend to better principles: to higher ideals, and to a more perfect professional development.

My address, therefore, will, in a way, deal with the relation of this Society to the people of the State.

Socially, and in a way professionally, each of us establish our own social and professional position:—this we will not discuss. It is our relation to the State collectively as a body that we are especially interested. Our united efforts, which are the efforts of this body, have accomplished a great deal.

In 1858 our General Assembly enacted a law creating the Board of Medical Examiners of North Carolina and entitling only licensed physicians to testify in our courts, as experts. This was the beginning of medical legislation in this State.

In 1885 the law was amended in such a way that it was a misdemeanor to practice medicine in the State without first obtaining a license from our Medical Examining Board, and in 1897 all applicants for examination before this Board had to possess a diploma from a reputable medical school.

The establishment of a Board of Health with sanitary and quarantine regulations are still further evidences of the important relations we have created, and that now exist, between this Society and the people of this commonwealth.

While we have through this body brought about these essential relations we are still far from an ideal relationship. When a member of the Medical

Examining Board. I noticed and my associates on the Board also observed, that a very large per cent. of the applicants for license showed many evidences that they were not primarily prepared to begin the study of medicine. Many of these young men seemed to be competent professionally and well trained technically, but their literary, pre-medical qualifications were very defective. It was perfectly plain that we were admitting, to what we always considered a learned profession, men who were not learned, men who were not educated, and men who will, with a notable exception occurring now and then, go through their professional lives laboring under many disadvantages. They are unfit to represent the profession before the people. They can not, and never will conceal their literary defects. They have not the kind of knowledge to recognize their mistakes in themselves. Their efforts will always be depreciated and they will never have the applause and the support of the thoughtful and cultivated.

The medical profession of North Carolina, if it wants to keep in line with other States and other countries, ought to undertake to correct these defects in our system, legislative changes should be advised. We need and it is practical for us to have, medical laws created that will provide that it shall be essential for a young man beginning the study of medicine, or before he can obtain his license, to have an essential, non-professional knowledge, certainly write the English language correctly.

The Council of Medical Education, created by the American Medical Association has made many valuable suggestions concerning the reforms necessary in medical training, particu-

larly that which pertains to the elementary qualifications of medical students. This Council has had several conferences with delegates from the different States and Territorial licensing boards, representatives from the associations of medical colleges, from the Government medical services, and eminent men who represent colleges of the liberal arts. These conferences have been well attended and they have been regarded as a distinct success. At the Chicago Conference held sometime ago reports of several committees on preliminary education, on accessory technical studies, were read to furnish a basis for discussion. As a result of these discussions the American Medical Association, at its approaching meeting in Boston, will very likely take steps to encourage the creation of laws in each State that will provide that all students beginning the study of medicine shall have at least a high school education, or such training as will admit them to our recognized universities, these qualifications to be passed on by specially designated State authorities, such as the Superintendent of Public Instruction, or his representatives, and not by the faculty of a medical school. This is what we want here in North Carolina; it is what we need, and we ought to make the change without the suggestion or aid of outside influences.

This Council wisely concludes after carefully considering the matter, that a discussion of reciprocity is not at this time advisable. There is not so much difference between the technical qualifications required by the different examining boards of the different States as there is in the minimum standard of the entrance examinations in the different schools.



The chief functions of all important Medical Associations should be the elevation of the medical standards, the promotion of a higher professional education, and it should be the avowed purpose of this Society to secure within a reasonable time as high a minimum standard of medical training as that of any State of any country in the world. Our position as a civilizing power and our position in commerce, and our relation to the arts and to the sciences demand this of American medicine. An elevation from the present condition to a higher minimum standard that we advise, ought to be brought about slowly in justice to all concerned.

Many of us have been taught to believe that North Carolina is in the lead of all other States in perfecting legislative enactments bearing upon the practice of medicine, and that the United States is leading the world in medical progress. This may be so in many departments, but it is not so in others. These changes that I have roughly outlined are already practical laws in several States. These ideas were not original with these people. They got them from other countries. There is not a nation in the world that pretends to be civilized that does not have a system to determine when a young man is capable of beginning his professional training. Even Japan, many years before she was considered civilized by our international legations, had a system that clearly set forth the conditions, with which all who contemplated the study of medicine had to comply. And Russia, a country that has, according to our advices, a very unstable and corrupt government, is well regulated along these lines. Why is it then that our people who are so progressive and

so energetic, a class of people who easily lead the world in commerce, in great financial enterprises, should be so indifferent to measures that are valued so highly by the same class in nearly every other country?

In the United States there has been a tendency for many years to increase the time devoted to medical training proper. This inclination has not been confined to medicine alone, the same influence has been noticed in all the professional schools. Possibly it is equally as conspicuous in the various lines of engineering and technology, or the departments that equip men for work in trade or commerce. In all these spheres of human activity the influence of modern scientific studies have been felt. If the physician wishes to obtain a perfect technical development, if he desires to keep in touch with the progressive ideas that are so much in evidence in all of the other professions, if he intends to be familiar with, and master the methods and principles of medicine and surgery, and if he expects to be able to think and to grasp complicated ideas, to be a leading citizen and a scientific physician, his training must be thorough, and it cannot be thorough unless he has a general and liberal knowledge prior to the study of medicine. Of all the students and members of the so-called learned professions, it is necessary for the physician to be trained in more kinds of scientific study than any other man.

To begin with, he must know the English language; he ought to have a knowledge of the classics, and he must know something of physics and a great deal about chemistry, and technically, his studies must include many different sciences. Every advance in any of

the sciences of medicine or surgery increases the importance of a perfect preliminary qualification. There is a belief that may be correct, that this training, which seems to be so essential to the successful practice of medicine and surgery, has, in many parts of the country and among some of the students of this State, reached a satisfactory point. This conclusion is plausible when we think of the time that must be devoted to the study of all of these essential sciences and that when a student incorporates a college course of the old type with his technical training of advanced days his life's exertions have been made before he begins the practice of medicine. To insist on a uniform high standard that of the old type is not practical and will do harm. It is evident, therefore, that we have to deal with conflicting ideas as to the relative value of a high standard of the technical sciences or both. This conflict of ideas involves many different issues and deals with methods of much perplexity. When we compel our young men to give over four years of their time to professional training we are apt, in many cases, to observe that their general knowledge has been neglected. Especially is this so if the former is compulsory and the latter optional. It may be well enough to have a very high professional standard as it is here in North Carolina, but if we advocate a still higher standard and neglect the college or high school training, that is so essential to the professional man, we are apt to make a mistake.

I admit that modern medical colleges incorporate so many of the sciences that are at the foundation of the study of the principles of medicine and surgery, that it has in a way, reversed the old

order of things, and it is not so essential for the student of medicine to spend as much time in the high school or college as it once was.

If our professional schools continue to increase their curriculum until every science and enough of the arts are taught that are essential to thoroughly equip the young medical man then the question, as many consider it, will be solved, but now we seem to be a long way from this ideal. There is a belief that the young man is better equipped if he acquires as much of his professional knowledge as is available outside of the medical school proper. All of our universities and many of our colleges are well prepared to teach the sciences that ought to be the basis for the successful study of medicine. Here they are in an ethical atmosphere that will broaden their views. They are amid a set of associates that brings them in contact with non-professional life on as many sides as possible. On the other hand, in the medical school they are in an atmosphere that reduces these outside influences to the minimum and encourages them to narrow their efforts to strictly professional thought.

When this plan prevails, when the student obtains his knowledge from a strictly professional institution, he has not the accomplishments, the breadth and tact to deal as successfully with the social and semi-medical problems that come up every day in medical man's life, as the student of medicine who has had different training and different environments. Of course, it is generally known that knowledge is more specific when obtained in a technical school with few and simple surroundings, but specific information, when it takes the place of knowledge of the principles

of things, is not of as much practical value.

We have fallen into the error of believing that men of their own accord, without being forced to do so, will acquire a general knowledge before taking up even the initial sciences of medicine. We have hundreds of examples to show that they will not. The per cent. of young medical men now entering the profession who cannot enter the eighth grade in our public schools is very large. I believe that every member of the examining board of this State, certainly those who were associated with me, have this belief. This ought not to be the case. An effort to reform such a system is our obligation, it is a duty we owe to the community, to the people of the State, and to the profession.

Other States are fast eliminating such objectionable obstructions to their progress, and unless we follow them we will have to contend with many undesirable influences, to which our present defective methods subject us.

Gentlemen, when we think of the rapid advancement in medical knowledge and the many changes that are so fast taking place along medical lines in other States and other countries, and what we need here in North Carolina, we naturally think of what the attitude of this Society would be to such needs of reform if its politics were now coined by such men as Pittman, O'Hagan, Wood and Thomas.

If we want to lead in medical legislation as we once did, if we wish to keep in line with medical thought, to aid in making medicine a more exact science, or if we are even content to keep in touch with other States and other countries, with the different pro-

fessions and the different organizations, there must be no defect in any part of our elementary training, or of our technical growth, or of our knowledge of the basic principles of medicine or of surgery.

### **The Obligations of the Doctor to His Profession and His Reward.**

(By R. Payne, M. D., Norfolk, Va.)

As I have walked to-day once more beneath the classic shades of this grand old campus, and my feet have trodden these halls once wont to echo to the merry jests and buoyant hopes of days long gone, my mind has been flooded with precious memories and I have sighed "for days that are no more." Did I consult the bent of my own inclinations, I would even now be sitting alone in yon corner of the "Old South" living over in memory a thousand pleasant hours—hours filled with ambition and hopes which have only been feebly realized—and surrounded by the faces of my boyhood friends, faces which even through the mist of years stand out strong and true.

But pleasant as that retrospect would be, I realize that I am not here to indulge myself in living over the dear old student days, but rather to give some final words of counsel to you who go forth this day from your Alma Mater to meet the duties of life, and to bring honor or reproach to the grand old profession, into whose ranks you are about to be introduced.

To you and to us, this is a solemn hour! Through four long years, your Faculty, with tireless devotion, has striven to impart to you the theories and principles of the greatest and nob-

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Address delivered at the Commencement Exercises of the Medical Department, University of North Carolina, Chapel Hill, May 11, 1906.

lest of all professions—bar none—save that of the holy ministry of God. Through four long years, with tireless devotion, you have studied long and faithfully the mysteries of birth and life and death; investigating the intricate and delicate mechanism of the human body and the laws which control its functions; mastering the most difficult technical details; studying the hidden causes of disease and its remedy, until at length to-day your teachers declare in the words of your diplomas you are most noble and learned men—*"Veri prænobilissimi et eruditissimi"*—and the end of the first epoch has come in the young doctor's life. I repeat, this is a solemn hour, and I trust you will bear with me while I seek to impress upon you "Some of the Obligations and Rewards of a Doctor's Life."

The greatest physician who has ever lived, if we consider the state of existing knowledge and his environments, was Hippocrates, and he was so impressed with the dignity of his profession and the grave responsibility of his calling, he allowed no one of his students to begin the practice of medicine until bound by solemn oath, made in the names of Apollo and Aesculapius, of Hygeia and Panacea, and all the gods and goddesses, that he would live up to the highest standards, both moral and professional. The following is a modern adaption of the Hippocratic oath: "You do solemnly swear, each man of you, by whatever he holds most sacred:

"That you will be loyal to the profession of medicine and just and generous to its members;

"That you will lead your lives and practice your art in uprightness and honor."

"That into whatsoever house you shall enter, it shall be for the good of the sick to the utmost of your powers, you holding yourselves far aloof from wrong, from corruption, from the tempting of others to vice;

"That you will exercise your art solely for the cure of your patients, and will give no drug, perform no operation, for a criminal purpose, even if solicited, far less suggest it;

"That whatever you shall see or hear of the lives of men that is not fitting to be spoken, you will keep inviolably secret.

"These things do you swear. Let each man bow his head in acquiescence.

"And now, if you shall be true to this, your oath, may prosperity and repute be ever yours; the opposite, if you shall prove yourself foresworn."

Strong in their simplicity; righteous in their purpose, these noble words outline a course of life for you and me; and this, through the changes of Hippocrates have fallen into disuse or have been superseded by the facts of increasing knowledge; no man has ever held higher conception of the doctor's obligation to his profession, and so, echoing all down the ages since the third century before Christ, has come this solemn oath. In that olden day, the neophyte in medicine pledged himself to be bound by its declarations and in all the days that have come and gone, and in all the days that may come and go, the Hippocratic Oath is binding on every man entering on the sacred calling of the physician, and let me warn you even now, if you are not willing to subscribe with heart and soul to its tenets, you are unfit to enter upon the duties of your calling. The great



strength of this oath is the simplicity with which it outlines indisputable duty. It is simply right that one entering upon the sacred duties of a doctor's life should feel himself bound, by every obligation a man of honor can feel, to preserve the good name and dignity of his profession. Medicine is the most liberal of all the professions, and in all ages and in all climes, under oftentimes the most adverse conditions, its votaries have been working to know more of disease and its cause. All of a doctor's knowledge he gives freely to the profession; all his skill to its betterment, and under no circumstance, may he withhold for his own use any discovery he may make, or protect it by patent right to his own again. And so, to-day, you receive, if you will but take it, the result of all the investigation and profound thought and accumulated experience of all the generations of physicians that gone before you. It is fitting, therefore, that you should become imbued with that same spirit of generosity which gives its all to the general good and withholds nothing for personal gain. It is equally obligatory that you be just in all your dealings with your brother doctor, and that you should show him in all things extreme courtesy. The people at large do not understand the ethics of medicine, and are apt to think that the rules of courtesy which govern us in our relations with one another are far-fetched and foolish, but the practice of medicine is different in many respects from any other calling, and our system of ethics is based on a high regard for the rights of others and the wisdom which grows out of long experience. Without it, the most frequent misunderstandings will arise; great injustice will often be done both to our brother

practitioner and to our patients, and I want to impress upon you that the code of ethics must become a part of your religion if you are to live up to the highest traditions of your profession. Indeed, be as careful as you may, the practice of medicine is a calling in which it is very easy for misunderstandings to arise. Jealousy easily grows under sharp competition. The expression of unguarded opinions about the work of another is often so distorted, by those who hear, as to gravely reflect on a brother and one who, with all the light about him, is more apt to be right than you, and the rivalry oftentimes set up by over-zealous friends is a great source of hard feeling and bickering among physicians. I want you, therefore, to be careful in all you say of one another, and slow to believe what others say of you, for I know of no calling in which the practical working of the golden rule is more necessary than in the profession of medicine. These things represent in part your obligation to practice your profession in uprightness and honor.

Again, the physician is usually one of the best educated and most influential men in his community, and this is especially true of the country doctor. He is a leader of thought and is the confidante as well as the adviser of more than half of his clientele. Let me advise you, then, if you would honor your profession, that you cultivate all the graces of character, for the physician is a marked man in his community, and not only does his own success depend upon his sterling worth, but he inevitably exerts a broad influence for weal or woe. In manner, the doctor should be dignified, yet affable; courteous, not fawning; learned, not pedan-

tic; firm, yet tender; and over all, and above all, he must be possessed of the greatest patience with human frailty and sympathy for human woe: beaming from his eye, speaking on his tongue, informing every feature, inviting confidence, and promising help to all who need his aid.

True, these are but the qualifications of a noble manhood, but the doctor, more than any other man, must strive to reach the heights of virtue. Indeed, the exercise of your art to the cure of disease implies much more than a simple knowledge of pathology, or the application of drugs for its relief. To do your work faithfully, you must first possess a genuine love for your profession and for humanity—a broad charity, while prudence, patience and common sense must be manifest in your daily life. You must learn to maintain the most absolute self-control under circumstances which try your very soul and, at the risk of repetition, I wish to say that you must really feel a deep sympathy for the weakness of human nature, or else you will fail to sound the depths of human woe, and become a mere hireling at your task. Strange that we so often hear it said “The doctor has no sympathy, but becomes hardened by contact with suffering,” for nothing could be more untrue. No one save himself can ever know how he suffers, how his very soul is wrung with anguish when he is dealing with a critical case, and the hopes of the loved ones hang on his judgment, or the support of a helpless family depends on his skill, or he feels that from his hands a soul unshriven is passing into the awful presence of God. But the doctor, above all men, must control his emotions, and though he well-nigh break under the strain, he must con-

tinue to reason calmly and weigh deliberately, for on his cool judgment, and clear vision, and steady hand, hang the very issues of life and death. The doctor's sympathy is shown in deeds and not in words alone.

Again, to exercise your art for the cure of disease means that you must be a tireless worker. The mere giving of medicine for the relief of symptoms is so easy a task that every hamlet possesses a score of old women who will be your rivals.

“She gave him tansy, boneset, squills  
Rubbed tallow on his chest,  
And fed him lots of blue mass pills  
Which quickly did the rest.

“By this time, John could not get up,  
And as he lay in bed,  
She drenched him from a quassia cup  
’Til he was nearly dead.

“And when at last, the doctor came  
And fetched poor Johnny ’round.  
Folks said: ‘’Twas Granny, all the  
same,  
Kept him above the ground.”

These simple lines on “Granny's Yarbs” illustrate only too well the careless theraphy, the routine methods and snap-shot diagnoses of too many medical men, and I need hardly suggest to you how utterly impossible it would be with Granny's methods to become a successful practitioner.

Medicine is full of mystery and the diagnosis of disease is the most difficult task of the physician. Every case is a particular study, and in many cases, from idiosyncrasy or environment, from the sometimes willful suppression of the truth or the inability of the patient to describe his own sensations, these

and other things, oftentimes mar the picture of disease and make almost insurmountable difficulties in the diagnosis. But these difficulties must only accentuate your determination, and if you are only patient and painstaking in the use of the methods at your command, you will generally reach satisfactory results. This leads me to remark that this generation of physicians is peculiarly blessed in the multiplicity and perfection of methods of precision in diagnosis. I need only allude to the revelations of the thermometer, and the use of palpation, auscultation and percussion to those who know how to use them. The perfecting of the microscope brings to your aid the study of bacteria and the increasing uses of the blood-count; the ease with which the blood-pressure and the haemoglobin may be determined; and the simplicity of the methods of investigation of the stomach contents and the various secretions of the body, all make possible a wealth of information which you may obtain if you will seek it. Let me beg you, then, to cultivate, by constant use, these methods of precision. They are simple, but here as in all things, experience is a strong factor, and this can only be acquired by constant use. We are too apt to look upon these methods as laboratory methods, and only available for hospitals or those who can refer these examinations to a specialist. We are constantly hearing it said that the general practitioner has no time for such special studies. Let me assure you that this is foolish cant. No man has a right to accept cases for treatment which he cannot carefully study and the real difficulty which lies in the way is, usually, that the doctor has neglected to cultivate the rudiments of knowledge which he has acquired

along these lines, as a student, and is therefore never able to use them for himself. To each of you, there is apt to come a period of waiting before you become busy practitioners, and this is your golden opportunity for study and for perfecting yourselves in all the methods for the investigation of disease.

But it is not only in the study of individual cases that I would not have you rest content with such modicum of knowledge as you now possess. No doubt, many of you, in the oftentimes weary details of your studies, have longed for the time when your student days would be over, and you might apply in practice the truths you were so patiently learning. But, if you have a proper sense of your obligation, you will soon learn that your student days are but beginning, and what you have been doing in all these years of preparation is learning how to study; how to observe; how to investigate the hidden mysteries of birth, life and death.

Medicine is a progressive science, and he who rests content with the acquisition of existing knowledge is laggard in his duty and unappreciative of his opportunity.

Much we already know, but much remains to be determined, and each one of you should make up his mind to add something to existing knowledge. Most of the great truths of medicine have been worked out by busy practitioners. Jenner, a country doctor, made it possible to control the terrible epidemics of smallpox; Marion Sims, working in a little village in Alabama, wrought out most of the principles on which has been built the specialty of modern gynecology; Reed, the busy army surgeon (and a North Carolina by birth), worked out the relations of the mos-

quite to malaria and yellow fever, and McDowell, practising his profession in an obscure hamlet, in Georgia, devised and executed the first ovariectomy, demonstrating possibilities that have added thousands of years to the grand sum total of human life.

There is little doubt that most young men who graduate in medicine intend to do something great, but how few are willing to pay the price? Medical investigation requires the study of all natural science, and when one is worn out with the daily routine of work that knows no end, or the midnight vigil by the bed of pain, or is harassed by the thousand anxieties of him who holds in his keeping the health and happiness of many people, it is hard to go on with careful, painstaking, methodical study. But, it is a duty, none the less, and in all the days gone by, busy, care-worn doctors have been continually seeking new light, and thus have discovered the great truths, on which is reared the superstructure of modern medicine. Many of these seekers after truth have failed to find it; many have been only able to grasp half truths, or catch some stray thread from the tangled web of the unknown and have felt themselves defeated in their efforts, but no labor is lost, and what they have done made it possible for others to succeed.

Witness the germ theory of disease and the almost marvellous results therefrom, both in practice of medicine and surgery, and see how slow has been the final coming of the light, and how it has only been attained by the slowly added increments of truth recorded by many observers. It is interesting to trace it. Early in the nineteenth century, Appert discovered that animal and vegetable substances might be pre-

served if placed in bottles, subjected to the temperature of boiling water and then closely corked and sealed. Later, Gay-Lussac noticed that so soon as these bottles were opened and contents exposed to the air, they began to putrefy. Thirty years later still, Schwann discovered with a microscope that in fermenting bodies were found numerous very minute bodies having the power of reproduction and further, if substances preserved by Appert's method were exposed to air which had been previously heated, no change resulted, hence there must be something in the air, capable of destruction by heat, which provoked fermentation. Next, Schroeder and Dusch found that air filtered through cotton-wool might be brought in contact with putrescible bodies without inducing putrefaction, and these conclusions were confirmed by Pasteur.

Then came the beautiful demonstrations by Tyndall of countless particles floating in the air that were the active agents in producing putrefaction in organic substance, and this was followed by the practical application of the observations of Schwann, Schroeder and Dusch, as Pasteur. Tyndall and Lister all showed that heat and filtration rendered these floating particles innocuous.

Then, at length, followed as the outcome of these discoveries of Pasteur, Cohn, Koch and others of the micro-organisms producing disease and thus was bacteriology established as a science, and the germ theory of disease proven.

It remained, however, for the genius of Lister to show the application of bacteriology to surgery, and to develop the principles of antisepsis and asepsis which have robbed the operating room of more than half its terrors, and made



it possible for the modern surgeon to obtain results well-nigh miraculous. Within a few years, the average of human life has rapidly risen from thirty-three years to more than forty years, almost entirely due to the series of studies I have detailed to you. Studies extending over a period of more than seventy years, made by many students whose labors oftentimes seemed in vain, and yet how grand the result. Let us never despair, but each one do his best in this warfare with disease and its cause. It may be we may not see the results of our labors, but each day fether all preventable disease. And so, in feeble words, I have tried to impress upon you something of the obligations of the doctor to his profession, and have demanded that you shall invoke to your aid all that is noble in character.

Putting yourself ever behind, you must bend every energy and use every talent to the upbuilding of your profession and the good of humanity. And now, naturally, you ask what is the doctor's reward? First, then, let me warn you that you cannot expect, even after all these years of preparation, that you will win your way easily in practice, but must be content to hasten slow.

There is an old adage which says that "A doctor never gets bread 'til he has no teeth to eat it." And this is but another way of saying that success, as a rule, comes only to those who are willing to work and wait. Let me say, however, I know of no calling in which moderate success is so general or to whom a living is more assured than to the doctor.

This is the day of materialists, and almost everything is judged by the standard of the almighty dollar, and I

want to say to you now, if you take this view of the matter the life of the average doctor is a failure. I have practised medicine for nearly thirty years in North Carolina and Virginia, and have wide opportunity to know the profession of both states and I do not believe the average doctor in either State collects more than eight hundred dollars a year. In the very beginning, we may as well look the truth in the face. The practice of medicine is not lucrative and most doctors die poor. The constant strain of professional duty leaves little time for the purely business aspects of his work, and usually the doctor grows careless about his collections. Very soon the people grow equally careless about paying the man, who makes no demands on them, but is always ready, by day and night to give freely of time and talent for their relief. It would be amusing, if it were not sad, to see how little sense of obligation the average person feels after the service is no longer needed, and I have often smiled when some of my patients have said to me, "Doctor, I am going to give you some money next week," as though conferring a gratuity. It is somewhat rare to have one say "Doctor I want to pay your bill," but much of this is due to the careless, shiftless business methods of the doctor, and to no inherent bad faith on the part of the patient.

These things should not be so, for truly "the laborer is worthy of his hire," and the doctor absorbed in the great problems of life and death must not forget that "he who provides not for his own house is worse than an infidel." But after all, the doctor finds excuse in the very nature of his work and though his reward comes not in

worldly goods to him who is full of love for his work, there is other recompense which cannot be measured in things material. The doctor finds joy in the character of the work done.

The trained eye sees mysteries divine.

The trained touch knows things no eye can see and fathoms hidden depths of truth bringing relief from pain and death.

The peculiar relation of doctor and patient is full of pleasure. No other man in all the world knows so well the people with whom he comes in contact. He is the confidante of youth and age—the trusted adviser in most of the trials and complications of life. He shares the joys and sorrows of his patients, and entering by reason of his calling the “holiest of holies” in every home, his vision is enlarged by glimpses of sterling worth the world may never know, or the insight into the weakness and frailty of poor humanity develops the spirit of compassion which is one of the attributes of God himself.

The teaching of the great truths of hygiene and preventive medicine makes one feel something of that spirit of beneficence which is Christ-like in character and lifts him above the greed of gain so common in other callings.

The sense of power to bring relief to suffering; to restore to usefulness the maimed, and halt, and blind; to bring succor when no other help may be found brings to the doctor heart-joy which is not to be measured in words and keeps his soul buoyed with hope and his heart throbbing with love.

And through all, and above all, his constant contact with suffering, his continued efforts to bring good to others, his loving sacrifice of self will purify the fountains of his own life and

fill him with higher and holier conceptions of the God of love.

After all, the chief rewards of a doctor's life are those which come from a sense of well-doing; the sacrifice of self for the good of others and the feeling which rests as a benediction on his daily life that through his efforts, human life is being lengthened; human woe is being lessened, and the cup of human happiness oftentimes filled to overflowing.

In the Bonnie Briar Bush, Ian Mc-Lauren has swept the dispassion of human emotion and his picture of the life of Dr. William MacLure holds up to our gaze a character which has had many counterparts in fact, and which all of you should emulate.

Through wind and storm, through many a weary year, over mountain and glen and threatening flood, Doctor MacLure has ministered, with no thought of self, to all the sickness and need of a poor mountain people. He was worn and warped in their service. His bones had been broken in his rough rides and his noble frame distorted by tireless labor until at length the end is at hand, and feeling that he is about to die, he sends for his friend to be with him in his last hour. Drumsheugh is much shaken at the sight of his friend (for no one thought the doctor could die) and beg that he may call the doctor from Muirtown who will have him “up in no time,” but Doctor MacLure, who has fought death many a time for others, knows his time has come and replies to Drumsheugh's entreaties “A've no tribble worth mentionin'—a bit titch o' bronchitis \*\*\*\*\* but am fair worn out, Patrick; that's ma complaint, an' it's past curin'.” And so, he calmly ar-

ranges with his friend the matters he wishes settled after death; the little bequests; the putting of his poor house in order, and when all is done, "Drum-sheugh knelt, and prayed with many pauses: "Almighty God \*\*\*\*\* dinna be hard on Weelum MacLure, for he's no' been hard wi' anybody in Drum-tochty. \*\*\*\*\* Be kind to him, as he's been kind to us for forty year \*\*\*\*\* we're a' sinners before Thee \*\*\*\*\* Forgive him for what he's dune wrang, an' dinna cuist it up to him \*\*\*\*\* Mind the fouk he's helpit \*\*\*\*\* the weemen and bairnies and gi'e him a welcome him for he's sair needin't after his work \*\*\*\*\* Amen." And in a little time thereafter, the soul of Doctor MacLure is wafted, amid dreams of work he loved so well, into the presence of his Maker, and we must all believe the God who sees all things remembered the people he has helped—the women and children—and gave him a welcome home.

I bid you God speed in your noble work.

"The paths of pain are thine. Go forth  
With healing and with hope;  
The suffering of a sin-sick earth  
Shall give thee ample scope.

"The holiest task by heaven decreed,  
An errand all divine,  
The burden of our mortal need  
To render less is thine.

"No crusade thine for cross or grave,  
But for the living man.  
Go forth to succor and to save  
All that thy skilled hands can.

"Before the unveiled mysteries  
Of life and death, go stand

With guarded lips and reverend eyes  
And pure of heart and hand.

"So shalt thou be with power endued  
From Him who went about  
The Syrian hill-paths, doing good  
And casting devils out.

"That holy Helper liveth yet,  
Thy friend and guide to be;  
The Healer by Gennessaret  
Shall walk the rounds with thee."

### **Migraine, a Short Study of a Case.**

(By Woodbridge Hall Birchmore, M. D.)

According to certain teachers migraine, sick-headache, tri-geminal neuralgia and even certain unclassifiable but important, nervous diseases are related. It is not my intention to discuss any general proposition but to give some account of a case which I have carefully studied. During a period of some years I have had the case under observation and the "clinical manifestations" are carefully recorded in my diary. In giving the picture of the paroxysm details are taken from a number of attacks and the picture is to be regarded not as a photograph of any special attack as a composite picture made up from many. This distinction has one important bearing, not only upon the symptom picture but upon the theory of the causation, for it is my conviction from having studied many pronounced outbreaks from incipient phenomena to the very end that one and all were exactly alike in the march of events differing only in the intensity, and also that while some attacks were aborted this was accomplished by neutralising the exciting cause before the storm had spread widely and was in no sense a relief of the subjective symp-

toms, they were not relieved, they simply were not called into activity.

M. is a man aged thirty-five years, of magnificent appearance and he looks a Hercules. This physique may be considered as the inheritance from the paternal ancestry, but his nervous system is utterly unstable and is an inheritance from his mother's family, which ancestry is distinctly neurotic. As was just now said M. looks a Hercules, but never were appearances more deceitful. The measure of his strength on a sudden effort fully justifies his appearance, but if he makes any attempt which taxes his staying power then his incapacity is demonstrated. In his nervous system, specially his will, the same peculiar incapacity for persistent effort is noticed by all, in sudden peril he is not found wanting, but to a prolonged strain he yields complete surrender. To call him weak and unstable of will would be unfair, his volition is right enough but the machine by which the volition acts is vitally deficient.

Reproached a few years since by his father for his lack of persistence in a matter in which his future was vitally concerned his reply was remarkable. "I appreciate that from the point of view of others I am a failure, and I realize that by others the cause of this failure is counted to me for wrong doing and folly. Some have suspected me of unclean living, but my life has been free from sexual sin, which is more than you can say of your own life, but I am an inflated bladder. I appear to be an athlete, upon a sudden, in a struggle which last ten second I can master my brother, George, who is fifteen pounds heavier, but I can not stay. Sam, who is twenty pounds lighter and five years younger can lay

me on my back if the contest lasts ten minutes. I am afraid to read and study because of my headaches. I am afraid to eat lest I cause a sick headache and my life is a burden too great to be endured. All that I am good for is to follow the steps of men who I suspect in their hearts despise and pity me because they do not understand that I am always dreading the crushing incapacity which these headaches bring upon me." The young man burst into tears and said, "My burden is more than I can bear. I have been fighting the temptation to seek rest for at least ten years and I know that I am likely to yield to the temptation at any time. Can no one give me relief from this miserable body?"

The typical attack would begin during the night. He would sleep soundly for some hours and then having wakened would be unable to go again to sleep. His eyes, in fact, appeared to be propt open, and worst of all he was unable to control his thoughts which to use his own words, "made his bed equally comfortable with that of Procrustes."

It was a noticed phenomenon that while under ordinary circumstances M. could quote any amount of classical poetry, he had taken very high rank at Yale, under the stress of these attacks he could quote nothing, but that famous hymn "Diedds Irae," would to use his own words quote itself even against his will.

After this condition had continued for a few hours his head would begin to ache the pain invariably beginning under his right eye apparently at the infralobal foramen. Then it would extend slowly to complete hemicrania, and after about three hours of exqui-



site torment he would complain of intense nausea.

Violent efforts at vomiting would follow but if he had abstained from food since the beginning of the storm these efforts would end in nothing more effectual than an ounce or two of watery-mucus-like material of a distinct green color and as he said as nasty as it looked and far more bitter than quinine. "It was not a nice clean bitter like quinine, but an awful dirty, nasty bitter that suggested nameless things."

On May 9th, 1902, I persuaded him to call upon the late Dr. Ranney, and a few days later our friend had a new interest in life, he was engaged in telling any and everybody who would listen to him how much the rest of us did not know and how much the sage of Madison Ave. did. A prison by relieving the stain on the inferior rectus had also freed him from his constant fear of a headache, and the fact was beyond dispute that the change was next to miraculous. All his friends agreed with him that he was cured and my refusal to admit the cure seemed to some to justify an accusation of jealousy. Time and the future were on my side as I had anticipated and the future was wholly my own.

A month and a few days went by and June 12th saw him in the midst of an attack of his neuralgia identical in every symptom with the previous ones. But he insisted that it was unlike in one respect that when he attempted to use his eyes (with his glasses) a certain feeling as if someone were tearing out his eyes was wanting. He declared, however, that except the intense pain in the right eye (which had followed any attempt at vision, but now was wanting)

the experiences of this attack in no way differed from the previous ones. According to his promise he sent for me at once the premonitory symptoms, "the sleepless feeling," and the loss of control of his thoughts appeared, and I began investigations by insuring that any urine he might pass should be saved. It then transpired that he had passed none since 11 p. m., and it was now 5.30 a. m. At 8 a. m. he passed about 5 ounces (125 CCM) of a. s. g. 1.020 only and practically without color.

On questioning I ascertained that his bowels were perfectly regular, had moved as they ordinarily did the day before and then he added: "I shall have a diarrhoea to-morrow if this headache goes off at the usual time."

It is certain that this was the first time he had mentioned this fact to me although I had often questioned him about the circumstances of the attack, and he had written out answers to a series of questions and "Is there anything unusual in the action of the bowels after the headache?" was one of these and he answered it "No." This incident shows how hard it is to collect all the data.

About 1 p. m. he said, "I shall soon be all right. I can feel the cramps coming in my bowels, the sick stomach will come in about half an hour. Then I shall go to sleep and about seven or eight o'clock I will, waken perfectly well but very weak and hungry." All followed as he said also one fact he did not mention. Immediately after the attack of vomiting he passed 1142 (CCM) of urine, the first since the 125 CCM previously mentioned. This urine was passed at 2.18 p. m. and less than ten minutes before he had declared his in-

ability to comply when asked to empty his bladder.

Since 'then I have carefully studied the four attacks which have run their full course, and two which aborted after they had gotten beyond the stage of useful endeavour so far as treatment was concerned and the sketch of the normal course of the attack given above is founded on this close personal observation. There was no fever at any time but beginning from sometime previous to his consciousness of the coming headache is a rise in the arterial tension or more accurately the force of the heart's beat. The force of the pulse beat has been measured by the Rocci instrument and by a sphygmograph arranged as a dynamometer, so that the actual force of the impulse of the blood current at this point in the brachial artery could be determined. The force of the heart by the Rocci instrument showed a surprising difference between headaches and no headache and the sphygmograph's record showed that the character of the pulse was that of advanced arterio-capillary fibrosis. Here were two objective facts, and when their relation to the evidence given by the sudden discharge of a very great quantity of urine of high specific gravity, (in one attack s. g. 1.042) is taken into consideration the interpretation began to appear.

At the same time any explanation which included a cause appeared to be as far away as ever. The urine showed that the very low specific gravity of the first sample could not be to satisfaction explained on the theory of a rise in the arterial pressure causing an excessive discharge of water, and the very small amount also indicated that if this cause was efficient at any time it was not for

long. It was also shown by the condition of the urine that the "extractives" were wanting in the sample of low s. g. and that in the samples coming later they were most wonderfully increased, indeed comparing the amount as shown as an average for ten days the large urine discharge contained a larger amount than that of an average twenty-four hours.

The deductions from the facts are obvious, but why did the conditions which the evidence showed to exist come into being?

Acting on the dictum when you are at a loss for a reason suspect the intestine a test ration and a capsule containing charcoal was given. It was administered five days after a headache and it was 68 hours in passing the intestine. Yet the bile pigments were evidently excreted in normal fashion.

The facts put into proper shape were submitted to two well known men, one of whom said that the long standing irritation of the nerves of the inferior rectus explained the location of the pain and as for the rest no doubt it indicated very serious vaso motor disturbance, but he gave no hint as to causation. The other authority said, "I suspect that a poison is formed during digestion which causes a vaso-motor spasm."

That the poison was then in the circulation and that it caused a vaso-motor spasm was obvious but no explanation was given of what I most wanted to know the cause of the spasm, was it peripheral or central in origin; was it the cause of the secondary symptoms, or was it a secondary symptom itself. To these questions no answers were forth coming.

Leaving any further attempt at

rational therapeutics for the future we determined to begin on first principles. Salines in the shape in which my experience proves to be most useful, the effervescing mixture which is in effect a dose of sulphate of magnesia, Epsom salts and Sal Rochelle in one (Abbott's effervescing salines is the trade-name) to empty the intestine we accidentally brought out another fact. During the twelve hours before the headaches the action of the liver cells excreting bile was interfered with. The method we could not determine but the fact was certain, neither could we obtain any evidence of this delay previous to the headache but still it gave a clue and was an indication of a predisposition, and the coloration of the urine was ample proof that the liver secretion was always in amount below the average in quality and quantity.

Urged by this clue, and urged is the right word, for it seemed the last thing to do from the teachings of those who lead medical opinion, my friend was advised to supplement the action of his own liver by pellets 1-4 grain of a preparation of the salts of bile acids, Bilein. The success obtained demonstrated the correctness of my suspicion, the constipation, or sluggishness, was distinctly relieved, the intestine receiving its natural stimulant was roused to its proper action and a repetition of the charcoal dosage showed that the intestinal motions were gaining normal speed, and that constipation so far as the delay in the bowels' action represents it was controlled. With this, however, satisfactory result appeared the unexpected, an immediate increase in the bile pigment content in the urine. This was outside all rules for it has been again and again demonstrated that the bile

acids are not concerned in the formation of the substance excreted as pigment by the urine, yet here was urine, which previously had contained less than the normal of bile pigments, if this be as is alleged the origin of the substances which absorb oxygen and take on the brown color, increasing its pigment content. Was the liver being stimulated towards normal action? It looked like it.

But weeks, yes months, had passed since the fitting of the glasses had won for Dr. Ranney the miracle worker's repute and made my dicta oracular, how was the sick man? Very much better in every way. He no longer regarded himself as permanently disabled, his head did not ache once where before it would have ached "nineteen times," and the ability to withstand exertion was correspondingly increased.

Next we began to try to stimulate the life to action instead of supplying itscretion Podophyllin, leptandrin, calomel and aloin were tried, and while they produced in some measure the effect desired nothing was so satisfactory as the bile acids or rather as the salts of the bile acids. Hence the question of indirect stimulation by the use of taraxacum, the various vegetable bitters were all tried, of which strychnine was the most useful, and gradually the liver seemed to gain in functional capacity, but the occasional use of the bile salts (Bilein) is still needful, and the cause of the headaches still remains a mystery.

M. has learned that if he waken with the feeling of oppression he has so much cause to fear he will probably abort the headache if he at once has recourse to a large dose of the cathartic salts in hot water. The improved men-

tal condition is remarkable, but his improved physique is no great way behind it, certainly if a man who could not walk rapidly around the four sides of a city block without a rest can now walk a mile and not be winded, we are justified in saying his health is improved,, yet the predisposition to the headaches is still no empty threat. No one has as yet been able to give any sufficient answer to the question, "Why is the infraorbital neuralgia the manifestation instead of the many others possible?" but on the other hand it is definitely proved that the cause of the disturbance is some poison formed in the upper part of the intestine possibly in the stomach.

It has been suggested that while the systemic blood tension is so high somewhere possibly in some part of the intestine cells are receiving an extra supply of blood and that by this means the poison is taken out of the blood and when the poison in the circulation has been reduced to a certain limit the pressure is at once reduced to normal as the capillaries no longer refuse to accept the blood with greediness.

The relation of the eye-strain to the headaches as cause to effect I am the last to deny, but eye strain no longer exists, yet the headaches begin in the same nerve. Constipation is a thing of the past, yet from time to time the poison appears to be formed. The liver acts much more nearly as that of a healthy man should and yet from time to time it demands aid to stimulate the intestine to the proper performance of its functions.

In a word a man who was rapidly reaching the point where despair makes him a suicide has been restored to usefulness, but it has been done not by a

diagnosis of a lesion and the repair of this lesion, but by pursuing secondary symptoms to the apparent causes and giving them relief.

This may not be the science of the schools, but it is the art of the practitioner and this is only the study of a case, not promulgation of a generalization. The relief to the eyestrain has relieved the group of symptoms which caused us all so much anxiety, but why does a headache of an origin plainly intestinal in location simulate the one produced by the eyestrain, and what is the cause of the quantitative disability of the liver?

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### The Examining Board.

The following questions were asked the candidates for license at Charlotte, May 23rd:

Practice of Medicine, A. A. Kent, M.D., examiner:

- 1.—Give diagnosis between intestinal colic and localized peritonitis.
- 2.—In chronic dysentery what character of lesions exist and where are they located?
- 3.—Define cerebro-spinal meningitis, giving cause of the disease and anatomical lesions.
- 4.—What is the cause of relapses in typhoid fever?
- 5.—What is meant by the term, "gray hepatization" in pneumonia?
- 6.—Define chlorosis and write a single prescription for it.
- 7.—Name the cardiac affections in order of their frequency that complicate acute articular rheumatism.
- 8.—Give medical treatment for acute cystitis.
- 9.—Give treatment for case of pleurisy with effusion.



10.—Give briefly medical treatment for a case of chronic interstitial nephritis.

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Examination in Surgery, F. H. Russell, Wilmington, N. C., examiner.

1.—Give the diagnosis of suppuration.

2.—Give the causes of gangrene.

3.—Define (a) septic intoxication; (b) septicemia; (c) pyemia.

4.—Give symptoms of internal hemorrhage.

5.—Give symptoms and treatment of fracture of middle 1-3 of femur.

6.—Give symptoms of fracture at base of skull.

7.—Give causes of intestinal obstruction.

8.—Give symptoms of acute perforating appendicitis.

9.—Give symptoms and treatment of ischio-rectal abscess.

10.—Give causes of retention of urine.

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Examination in Obstetrics, Gynecology and Pediatrics, M. H. Fletcher, Asheville, examiner.

1.—(a) Describe a normal ovary; (b) give symptoms of pregnancy at end of second month.

2.—Give etiology, prognosis, symptoms and treatment of concealed accidental hemorrhage.

3.—Name risks to mother and child in breech presentations.

4.—Give origin and distribution of uterine vessels and nerves.

5.—Give causes and treatment of menorrhagia and of metrorrhagia.

6.—(a) Give diagnosis of cancer of cervix uteri; (b) give treatment of chronic cystitis.

7.—Give written instructions for arti-

ficial feeding of an infant one week old.

8.—Give symptoms and treatment of rickets.

9.—Give location of lesions and symptoms of poliomyelitis.

Do not fail to sign pledge.

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Examination in Chemistry, Geo. W. Pressly, Charlotte, N. C., examiner:

1.—Define the following terms, viz.: Synthesis, equation, valens, dialysis, symbol.

2.—Name the colors of the solar spectrum in their order.

3.—The physical properties of a chemical element are as follows, viz.: An invisible, colorless, tasteless, odorless gas, heavier than air, s. g. 1.10 (air=1), slightly soluble in water, 3 per cent. found in natural water; affinities of great power and wide range, combines with every other known element except fluorine and the argon group. What is the element? What is its distribution in nature?

4.—Convert the following to grains and ounces: 3 grams, 30 grams, 500 C. C.

5.—Average composition of human and cow's milk.

6.—Composition of chalk-stones of gout; of gall-stones or biliary calculi.

7.—Given a specimen of urine for examination, name ten things you would do, in their order.

8.—What salts are insoluble in warm urine, but are dissolved on addition of acetic acid?

9.—About 1 in. of suspected urine is mixed in a test-tube with 1-2 in. of a saturated solution of picric acid and 1-2 in. of liquor potassa. On boiling this yellow mixture for one minute a slight deepening of color may occur in nor-

mal urine, owing to reduction by uric acid and kreatinin, but a dark mahogany-red color would denote what?

10.—Write name of each formula in the following equations:

$C_2H_5OH$  plus  $H_2SO_4 = C_2H_5HSO_4$  plus  $H_2O$ .

$C_2H_5HSO_4$  plus  $C_2H_5OH = H_2SO_4$  plus  $(C_2H_5)_2O$ .

Do not fail to sign pledge.

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Examination in Physiology and Hygiene; Chas. O'H. Laughinghouse, Greenville, N. C., examiner.

1.—What is the capacity of the normal bladder?

2.—What portion of gastro intestinal tract accomplishes the greatest amount of absorption?

3.—What color is the blood in the pulmonary artery, and why?

4.—What is the function of the bronchial artery?

5.—Name the forces that keep the blood in circulation.

6.—What is a vaso motor nerve?

7.—In the event you destroy the *cyrus fornicatus*, what happens?

8.—In the event you divide the antero lateral columns of the spinal chord, what happens?

9.—Give centre of location of speech.

10.—What pathological bacteria most commonly pollute drinking water?

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Examination in Anatomy; Dr. James M. Parrott, Kinston, N. C., examiner.

1.—Describe the Atlas and name the bones with which it articulates.

2.—Describe the ankle joint, name its ligaments (do not describe them) and name the bones which enter into its foundation.

3.—Locate and describe the Mitral

(left Auriculo-ventriculo valves of the heart.

4.—Give the relations of the Head of the Pancreas.

5.—Describe the spongy portion of the Male Urethra (do not give its histology).

6.—Name the nerves which supply the muscles of the eye-ball mentioning the muscle or muscles which each supplies.

7.—Describe the Eustachion Tube.

8.—Give the relations of the third portion of the Subclavian Artery.

9.—Give the relations of the female bladder.

10.—Describe the Median Nerve (do not give its relations) and name the muscles or group of muscles it supplies.

N. B.—Answer only eight (8) questions.

Pledge.

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Examination in Materia Medica and Therapeutics; J. T. J. Battle, M.D., Greensboro, N. C., examiner.

1.—State the physiological action of opium; dose of Ext.; Tr. and Camph. Tr. Mention two most important alkaloids and dose of each. Antidotes in case of poisoning.

2.—Give dose of Tr. Aconiti; parts used, physiological action.

3.—Dose of Caffeine; its action upon the system.

4.—Explain laxative action of Magnesii Sulphas; Oleum Ricini; Aloe, dose of each.

5.—Principal alkaloid of Pilocarpus; dose and physiological action.

6.—Physiological action of Acidum Carboicum; dose; chemical antidotes.

7.—Explain action of Apomorphinae

Hydrochlor; dosé. From what is it made?

8.—State the effect on the heart of medicinal doses of Nitro-Glycerine; Digitalis; and Strychnia.

9.—Physiological action of Physostigma; dose of Tr.; name the principal alkaloid and dose.

10.—Physiological action of Oleum Terebinthinæ; dose, symptoms of overdose.

If any reasons why the following prescriptions should not be used state them:

11.—(a) Pot. Iod.; Spts. Aetheris

Nit; Aquae; (b) Pot. Permang; Glycerinae; Aquae; (c) Morphiae Sulph; Aq. Lauro Cerasi; (d) Basham's Mist; Tr. Digitalis; (e) Pot. Iod., Acid, Nitro-Hydrochl, Tr. Cinch. Co.; (f) Am. Chlridum, Syr. Scillae.

12.—(a) Am. Carbonat, Syr. Scillae; (b) Pot. Iod, Coros Subl; (c) Pot. Chlorat, Acid Tannic; (e) Quin. Sulph, Sodii Salicyl, Acid Sulph, Aquae; (e) Am. Chlorid, Pot. Chlorat, Aquae; (f) Strych. Sulph, otassi Iod, Syr. Sarsap. Co.

Answer any ten questions, No. 1 included.

## MEDICAL SOCIETY.

### The Charlotte Meeting of the Medical Society of North Carolina.

The 53rd annual session of the Medical Society of the State of North Carolina was called to order at 9:45 o'clock May 29th, by Dr. R. L. Gibbon, chairman of the committee on arrangements.

The invocation by Rev. J. R. Hower-ton was full of touching reference to the unselfish work carried on by the members of our profession.

On account of the inability of Mayor McNinch to be present to deliver the welcome address, Hon. T. C. Guthrie, of Charlotte, in his most happy manner, welcomed the doctors to Charlotte and turned over the city to their tender mercies.

Dr. W. A. Graham, of Durham, being absent, the response to the address of welcome was delivered by Dr. B. K. Hayes, of Oxford, and Ben Hayes never disappoints his audience. Dr. E. C. Register, President of the society, now took the chair and read a most ex-

cellent address, which appears in our columns.

The first paper presented to the society was read by Dr. R. L. Murphy, Superintendent of the Hospital for the Insane at Morganton. His subject was "The Colony Treatment of Insane and Other Defectives."

Dr. Murphy said there were 4,000 white insane in this State and 1,500 are cared for, leaving 2,500 without care. It would require \$1,000,000 to properly care for all.

Dr. Murphy concluded that there are (1) 2,500 uncared for insane in the State. (2) If the colony scheme is the best and cheapest it should be adopted. (3) No more hospitals are needed in North Carolina but additions to those already built. Comparing Massachusetts and North Carolina, it was shown the former State had 2,426 insane admitted to hospitals, with 600 re-admissions, making 3,000 annually. Massachusetts thus has annually twice as many as this State, while she has ac-

accommodations for 4,000 and this State accommodations for 1,500 and admits about 400 annually.

(We will publish Dr. Murphy's paper in full in July number of the MEDICAL JOURNAL, and will also present full illustrations made from "snap shots by a kodak," showing colony patients at Morganton.)

In the general discussion that followed the reading of his paper some interesting things were said.

Dr. James M. Parrot, of Kinston, was the first to take the floor. He declared that he heartily approved of Dr. Murphy's work and was glad to hear good reports of his colony experiment.

"Our State hospitals," continued Dr. Parrot, "are well managed. The charges recently made by newspapers were without foundation. I think it an eternal shame that an ex-president of this society should have subscribed his name to a document in connection with these charges."

Dr. Cyrus Thompson, of Jacksonville, spoke of the colony treatment. He said that to help the unfortunates in insane asylums it is necessary to get the man away from himself.

Dr. M. E. Robinson, of Goldsboro, declared that he did not think it right that a man of property should be excluded from the State Hospital as the law now provides. Dr. G. T. Sikes, of Grissom, agreed with Dr. Robinson.

Here Dr. Murphy made some additional remarks. He said that the doctors of North Carolina could do anything they wanted to do if they would stick together and fight for a point. He stated that the charges made by newspapers were not only unjust but untrue. He will not go before another Legislature begging for the State Hospital.

"I will leave it to the people," said Dr. Murphy. "I have done my part and the situation is known. You can get anything you want. You are men of standing. This is the most influential organization in the State."

Dr. George Thomas, of Wilmington, and Dr. Richard H. Lewis, of Raleigh, declared themselves in favor of the colony treatment as introduced in the State by Dr. Murphy. They had been to Morganton and seen the effects of the work.

Dr. Thomas Jerome, of Cabarrus County, suggested that a petition, asking for abundant appropriation for the protection of the insane, be presented to the Legislature by the society. The matter was referred to the House of Delegates.

Dr. S. D. Booth, of Oxford, deplored the lack of accommodations for the insane of the State.

"The Psychology of Inebriety," by Dr. S. M. Crowell, was next on the programme, but was handed in to the Secretary without reading.

Dr. I. M. Taylor, of Morganton, read the third paper on "Some Points in Clinical Psychiatry." He said that insanity was more of a legal than a medical term. It is relative and hard to define. Many laymen regard only mania and madness as insanity, entirely ignoring melancholia and less intense forms. He urged hospital treatment for most cases.

Dr. George Thomas, of Wilmington, reverted to Dr. Murphy's paper and urged the importance of getting the patient away from himself and interested in some work.

Dr. Richard H. Lewis, of Raleigh, next discussed Dr. Taylor's paper.

It was generally agreed upon in the



debate on Dr. Murphy's paper that the people should recognize the hospital as being for the whole State and all of her people, and attention was also called to the large number of families who are rendered penniless in keeping a member of the family in a hospital.

Dr. Thomas Jerome, of Cabarrus, moved that "we send a petition to the Legislature embodying these minutes and calling for action."

The President stated that the motion would be in order before the House of Delegates.

Dr. Crowell, of the Crowell Sanitarium, briefly discussed Dr. Taylor's paper, speaking of the wrong done some men afflicted, who were termed fiends and dopers, expressing the desire that the word should be stricken from medical terms.

Dr. Murphy again discussed the predisposition towards certain forms of drug use and hurtful practices.

Dr. S. M. Crowell reiterated his statement that the average physician cannot make proper diagnosis in use of drugs, etc., as brought out by Dr. Taylor.

The fourth paper on "Incidental Observations on Hydrophobia," by Dr. Davis Furman, of Greenville, S. C. He traced the history of the disease from ancient Hindoo writings, perhaps 10,000 years ago, up to the present day, followed by theories and myths about the disease, and popular ideas about it. He reviewed the various systems of treatment, and their success in treatment. Dr. Furman declared hydrophobia a preventable disease that was costing hundreds of lives and said there was an almost criminal indifference and sacrifice of life.

Dr. R. E. Mason, of Charlotte; Dr.

A. A. Kent, of Lenoir, and Dr. H. Q. Alexander, of Providence, discussed Dr. Furman's paper.

Among other things Dr. Alexander said: "I think we all know by this time that the half-starved mongrel dog is the chief cause of hydrophobia. Let us do something to protect the people against this dog. It is a well-known fact that if a member of the Legislature says anything against the dog he is defeated the next time. Let us see if we can't do something to destroy the worthless dog. By united action we can pass the right sort of law."

The society seemed to agree with Dr. Alexander, for his remarks were applauded.

Many most excellent papers were read before this society, some of which we will publish in this and succeeding issue. The night session of Wednesday, May 30th, was the most interesting one.

Dr. J. M. Parrott, of Kinston, delivered the annual oration and Dr. T. S. McMullan, of Hertford, the essay. Dr. Parrott had prepared a fine speech for the occasion but after he delivered a portion of it his voice failed him and he had to sit down. The electric fan that hangs over the bar was running in full tilt and seemed to affect the speaker's throat. Dr. Parrott is one of the brightest and most attractive young doctors in the State. He always has something good to say and is not afraid to say it.

Dr. T. S. McMullan belongs to the brilliant family of McMullans, of Perquimans County. His voice is as clear and as sweet as a bell, and he looks the part of a student. In addition to enjoying a lucrative practice he delights in good books and classic literature. His theme was "professional jealousy"

and he treated it in an entertaining manner. His words were chaste and his references classic and apt. His speech seemed more like a beautiful poem than anything else. It was eloquent and forceful. His sentences were well-balanced and every one had a meaning. The large audience of men and women who assembled to hear these young men speak were simply charmed with his address. Several times he was applauded most liberally for a beautiful sentiment or happy thought.

At the conclusion of these addresses the "brethren" and friends, repaired to O'Donoghue Hall to partake of a banquet. Nearly 600 sat down and enjoyed the viands set before them and the toasts that followed.

On Thursday morning Dr. C. M. Poole, of the obituary committee, read papers on the following named deceased: Drs. W. H. Harrell, J. A. Caldwell, W. B. Murphy, George H. Moran, John B. Bruner, John B. Aaron, Thomas Hill, Charles T. Harris, Robert Pearson, John B. Brown, W. W. Cozard and John F. Miller.

This was followed by the reading and discussion of the following papers:

"Chorea Gravidarum," Dr. J. M. Templeton, Cary.

"Placenta Praevia," Dr. H. H. C. Mills, Charlotte.

"When the Baby Comes," Dr. Cyrus Thompson, Jacksonville.

"Puerperal Eclampsia," Dr. M. R. Adams, Statesville.

"Eclampsia," Dr. J. W. McGhee, Reidsville.

"Notes on Puerperal Eclampsia," Dr. Raymond Pollock, Dover.

"Forceps in Labor," Dr. L. D. Wharton, Smithfield.

"Clinical Reports: Two Caesarean

Sections, One Umbilical Fistula," Dr. W. H. Dixon, Edward.

"Trepanning," Dr. H. M. Wilder, Charlotte.

"Marasmus," Dr. E. H. Brooks, Reidsville.

"State Medicine, as Now Enforced and How It Should Be," Dr. W. F. Hargrove, Kinston.

#### CHAIRMEN OF SECTIONS.

The following named chairmen of sections were announced:

"Anatomy and Surgery," Dr. L. A. Crowell, Lincolnton.

"Materia Medica and Therapeutics," Dr. C. G. McManaway, Charlotte.

"Practice of Medicine," Dr. J. B. H. Knight, Williamston.

"Physiology and Chemistry," Dr. J. E. Nobles, Greenville.

"Obstetrics," Dr. R. DuVal Jones, Newbern.

"Gynecology," Dr. J. Ray Browning, Littleton.

"Medical Jurisprudence and State Medicine," Dr. Goode Cheatham, Brevard.

"Pathology and Microscopy," Dr. E. W. Phifer, Morganton.

"Railway Surgery," Dr. W. E. Heidon, Morehead City.

"Pediatrics," Dr. O. W. Halloway, North Side.

Dr. C. M. Strong, the new Vice-president, presided for the last few papers. He was introduced by Dr. Way.

At six P. M., May 31st, the meeting adjourned *sine die* to meet in Morehead City in 1907.

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A mass protruding from the rectum of an infant or child may be an intussusception and not a mere prolapse.—  
Am. Jour. of Surg.

### The House of Delegates.

The House of Delegates, the parliamentary body of the Medical Society, met in the Civil Court room on Tuesday afternoon, May 29th, while the regular convention was in progress in the Criminal Court room, Dr. E. C. Register presiding. The meeting was most interesting and at times very lively. Politics entered and made the delegates and spectators sit up and take notice.

The first thing to come up was the reading of the report of the secretary, Dr. J. Howell Way, of Waynesville. The most important point on which he touched was "What a Doctor Should Receive for Examining an Applicant for Insurance." He seemed to favor the \$5 fee, and the house did, too. for an outburst of applause followed what he had to say on this subject.

Following Dr. Way's report, the various district chairmen gave accounts of their societies. Dr. Oscar McMullan, of Hertford; Dr. J. M. Parrot, of Kinston; Dr. Albert Anderson, of Wilson; Dr. J. L. Highsmith, of Fayetteville; Dr. H. A. Royster, of Raleigh; Dr. E. C. Register, of Charlotte; Dr. D. A. Stanten, of High Point; Dr. T. E. Anderson, of Statesville, and Dr. J. A. Burroughs, of Asheville, represented their respective districts.

At the conclusion of these reports an interesting question as to who would compose the nominating committee arose. Each district was to name its member, but the point was who was entitled to membership on the committee. The House of Delegates is composed of two elements: First, delegates, and second, officers of the State Society and counsellors. Dr. Register was appealed to for an opinion and he

said that counsellors, as well as delegates, were eligible. Dr. R. A. Whitaker, of Kinston, and others contended for a strict construction of the constitution which, they claimed, provided for delegates but not counsellors. Those opposing the view of the President appealed to the House and their carried their point. The election of members of the nominating committee proceeded and none but delegates were chosen. The following named compose the committee as selected: Dr. W. H. Ward, of the first district; Dr. John C. Rodman, of the second; Dr. Cyrus Thompson, of the third; Dr. M. E. Robinson, of the fourth; Dr. K. A. Blue, of the fifth; Dr. B. K. Hayes, of the sixth; Dr. I. W. Faison, of the seventh; Dr. J. W. Long, of the eighth; Dr. C. M. Poole, of the ninth, and Dr. W. P. Whittington, of the tenth.

The little rucus that preceded the naming of this committee means a great deal more than an onlooker in Vienna would believe. A slate may have been broken or one may have been made.

The next thing on the programme was the insurance proposition. Dr. T. Sidney McMullan, of Hertford, offered a resolution which would permit a partial examination for \$3 and a complete one for \$5. This was bombarded from all quarters and finally tabled. The old line companies must pay \$5, or get doctors outside of the State Medical Society to do their work. As the death knell was sounded to certain insurance plans a number of well-known insurance agents stood outside the court room door looking on with sorrowful faces. There was promise of a warm fight on this question but it did not develop. The House of Delegates is

strongly opposed to anything short of \$5 for an examination. Those who spoke declared that the State insurance companies gave \$5 for examinations and the outsiders had to do it too.

#### OFFICERS ELECTED.

The followings officers for the coming year were nominated by the House of Delegates and ratified by the Society on May 30th:

President, Dr. S. D. Booth, of Oxford.

First Vice-President, C. M. Strong, of Charlotte.

Second Vice-President, Dr. J. E. McLaughlin, of Statesville.

Third Vice-President, Dr. W. T. Hargrove, of Kinston.

Secretary, Dr. D. A. Stanton, of High Point.

Treasurer, Dr. H. M. Tucker, of Raleigh.

Orator, Dr. L. B. McBrayer, of Asheville.

Orator, Dr. L. B. McBrayer, of Asheville.

Essayist, Dr. E. T. Dickinson, of Wilson.

Leader of Debate, Dr. C. W. Mosley, of North Wilkesboro.

Dr. J. B. Smith, of Pilot Mountain, was elected counsellor to succeed Dr. Stanton.

Morehead City was selected as the next meeting place.

The members of the different committees as suggested by the House of Delegates follow:

Committee on Public Policy and Legislation—Dr. R. H. Lewis, Dr. H. D. Taylor, Dr. J. E. Brooks and ex-officio, the chairman of the Society.

Committee on Publications: Drs. T. M. Jordan, Raleigh; W. A. Graham,

Durham, and ex-officio, the secretary.

Committee on Finance—Drs. J. T. J. Battle, Greensboro; Frank Duffey, New Bern, and J. H. Haigh, Fayetteville.

Committee on Scientific Work—Drs. W. DeB. McNider, Chapel Hill; H. S. Munroe, Davidson, and ex-officio the Secretary.

Committee on Obituaries—Drs. R. W. Jewett, Winston; A. S. Pendleton, Henderson, and F. H. Holmes, Clinton. Blunt, Washington, and J. E. Ashcraft,

Examination of Nurses—Drs. J. G. Monroe.

Councillor, Dr. J. B. Smith.

Delegates to Mississippi Valley Medical Association—Drs. D. A. Stanton, High Point; J. E. Stokes, Salisbury; J. H. Way, Waynesville; W. A. Munroe, Sanford; R. S. Young, Concord, and W. C. Steele, Mt. Olive.

Delegates to Virginia State Association—Drs. H. E. Royster, Raleigh; Albert Anderson, Wilson; H. H. Dodson, Milton; H. F. Long, Statesville, and J. N. Taylor, Morganton.

Delegates to South Carolina Medical Association—Drs. D. M. Prince, Laurinburg; E. C. Register, Charlotte; R. B. Hunter, King's Mountain; J. M. Faison, Faisons, and D. W. Bullock, Wilmington.

Delegates to American Medical Association—Drs. W. J. Lumden, Elizabeth City; J. M. Templeton, Cary.

#### TO MEET IN MAY.

Dr. C. M. Poole of Rowan, introduced a resolution to have the time of meeting of the Society changed from spring to fall, some time between the 1st and 20th of December.

Dr. Oscar McMullan, of Hertford, spoke in favor of the present time of meeting. He said that the doctors in



the eastern part of the State were busy in the fall with fever and malaria and that it was much more pleasant in the spring.

The question was called and Dr. Poole's resolution was voted down three to one.

Dr. McMullan offered a motion that Dr. Thomas, of Wilmington, be added as a member of the Legislative Committee. The motion was adopted.

Dr. McMullan moved that a vote of thanks be tendered to the Secretary, Dr. J. Howell Way, of Waynesville. An amendment to the motion was made so as to include the Treasurer, Dr. Sikes. The motion and amendment was unanimously carried.

Dr. R. E. Mason moved that the Society be divided into sections in order to facilitate the reading of papers, and to secure more systematic work and better results in dealing with different subjects. The system is in vogue in the American Medical Association.

An amendment by Dr. McMullan, was to the effect that a committee of three be named to take the matter under consideration and report at the next annual meeting. The motion as amended was adopted.

Dr. Cyrus Thompson offered an amendment to the constitution and to the by-laws to have a reading clerk provided for the various meetings of the State Medical Association, it was brought out that as some of the doctors were not very loud readers and a number of valuable papers are often read by the author but not heard by the audience.

The amendment offered to the constitution by Dr. Thompson provides that the chairman of sections shall sit with the President during the reading of

papers of that section and share with him in the management of the proceedings.

The amendment offered to the constitution will have to go over until the proper time arrives for taking it up in accordance with the rules governing the making of an amendment to the constitution.

Dr. Faison spoke in favor of the securing of a reading clerk and on motion by Dr. Ivey, of Lenoir, the matter was placed in the hands of a committee of three who were to report back on the motion of Dr. Mason for dividing the Society into sections.

#### AFTER PATENT MEDICINES.

Dr. W. P. Whittington, of Asheville, read resolutions from the Buncombe County Medical Society, and offered the same as a resolution before the House, as follows:

*"Resolved*, That the Buncombe County Medical Society heartily approve of the work of the American Medical Association through its council of chemists and that it heartily recommends the efforts of the Journal of the American Medical Association, *The Ladies' Home Journal*, *Collier's Weekly*, *Harper's*, *Everybody's*, and other publications, and that it recommend the pure food bill now pending in Congress; that it condemns the practice of prescribing medicines by a physician when he knows nothing of the contents of the medicine, where such is supposed to contain poison; that the city of Asheville take steps to stop the billboard advertising of hurtful or poisonous medicines; that these resolutions be laid before the State Society."

Dr. Mason offered as an amendment that the State Medical Society do all in its power to secure the passage of leg-

isation at Raleigh in accordance with the provisions of the Buncombe resolutions.

The motion with the amendment were both carried.

There was considerable discussion of these resolutions and many doctors spoke in their favor.

The chairman announced that the committee of three on the resolutions of Dr. Mason to divide the Society into sections, would be made up of the following: Dr. G. G. Thomas, Dr. G. S. McMullan, and Dr. Isaac M. Taylor.

### Doctors Given License.

Of the 132 applicants for license to practice medicine in the State, 85 were successful. Forty-seven of the 132 applicants failed to make the required 80 per cent., the passing mark.

First honor was won by Dr. Lewis M. Gaines, of Wake Forest, his average grade being 94 2-7. The second highest mark was made by Dr. James H. Harper, of Snow Hill, his average being 93 6-7. Dr. Mary L. Martin, of Davidson, won third honor, her average grade being 93 3-7.

The following is a complete list of those who passed the examination: Drs. Joseph M. Hodges, Banner's Elk; Forest A. Carpenter, Henrietta; James A. Dimmette, Wallburg; Herbert H. Utley, Cardenas; William M. Hunter, Charlotte; Jacob P. Jarboe, Greensboro; William L. Sheep, Washington, D. C.; John L. Lane, Faison; Lemuel W. Kornegay, Mt. Olive; Rufus R. Morrison, Shelby; Geo. T. Clark, Sandifer; Lewis W. Elias, Asheville; Paul H. Ringer, Asheville; Theodore Y. Hull, Asheville; Vann McK. Long, Unionville; Geo. W. Taylor, Laurel Springs; Harry M. Jones, Franklin

William Allan, Lexington, Va.; Charles H. Peete, Warrenton; John M. Boyce, Whiteville; Wilmer L. Grantham, McDonald; Daniel T. Boger, Unionville; John L. Pritchard, Aulander; Edwin F. Fenner, Halifax; Jessie W. Wilcox, Putnam; Emilie B. Quiller, Rocky Mount; James H. Harper, Snow Hill; Major I. Fleming, Hamilton; William T. Carstorphen, Garysburg; Allen R. Holshouser, Rockwell; John O. Simmons, Dysortville; Wesley M. Stone, Davidson; Miles B. Abernathy, Charlotte; Robert H. Lafferty, Davidson; Daniel S. Currie, Maxton; Clarence N. Peeler, Castor; Hugh B. York, Williamston; Hodge A. Newell, Mapleville; Lewis R. Casteel, Culberson; Francis W. Janney, Baltimore, Md.; Verner Nisbet, Philadelphia, Pa.; Sam H. Ezzell, Van Wyche; David R. Perkins, Marshall; Rufus H. Moorfield, Vade Mecum; Henry H. Hodgins, Red Springs; William E. Manville, Washington, D. C.; Ronulus L. Carlton, North Wilkesboro; William S. Jordan, Raleigh; Geo. A. McLemore, of Parkesburg; Battle A. Hocutt, Wakefield; Milton M. Caldwell, Concord; James K. Hall, Morganton; Frank E. Perkins, Copenhagen, N. Y.; Donald H. Leeper, Charlotte; Iva A. Yow, Sprite; Lawrence H. Coffey, Coffey's; Caude O. Abernathy, Chapel Hill; James S. Rhodes, Williamstown; Albert H. Bowers, Thomasville; Oscar J. Corpening, Lenoir; John T. Haggard, Aulander; William W. Stancell, Margerettesville; Albert DeK. Parrott, Jr., Kinston; Henry C. Chambers, Woodsdale; Charles B. Wilkerson, Durham; Logan F. Farthing, Boone; Joseph B. Ruffin, Powellsville; Thomas M. McCoy, Huntersville; Marv L. Martin, Davidson; Louis G. Beall, Greensboro;

Marq E. Lapham, Highlands; Lewis M. Gaines, Wake Forest; Joseph F. Patterson, Newbern; Abraham H. Rose, Smithfield; Geo. D. Vick, Selma; Edward B. Clement, Salisbury; Joseph P. Speight, Whitaker; James W. Tankersley, Salisbury; Greenville R. Berkeley, Atlanta, Ga.; James A. Byers, (col) Greensboro; Peter W. Burnett, (col) Oak City; E. A. Taylor, (col) Bovina, Miss.; Ezekiel E. Smith, Jr., (col) Fayetteville; James C. Waddy, (col) Greensboro, and Reuben A. Lloyd, (col) Williamston.

### **The Con-Joint Meeting With the State Board of Health.**

At twelve o'clock, May 30th, a con-joint meeting of the Medical Society of the State of North Carolina and the North Carolina State Board of Health, with Dr. George G. Thomas, president of the State Board, presiding, and Dr. R. H. Lewis, acting as secretary. This meeting proved most interesting.

Dr. Thomas announced that a crusade against the great white plague would be organized and Dr. Ben K. Hay, of Oxford, explained the purpose of such a movement.

This was followed by Dr. Lewis' annual report. The report begins:

"North Carolina State Board of Health, report of secretary: May 20th, 1905—May 20th, 1906: During the past year our State has not suffered from any epidemic of serious nature and our people have enjoyed the health attendant upon normal conditions. It is true that smallpox has continued to prevail in various localities, as we anticipated and predicted, but, as appears from the detailed report given below, it has been less prevalent and even less fatal than usual. Owing to this more

pronounced mildness the people and the authorities in some communities have been very neglectful of it.

"In this connection it proper to call attention to two incidents in relation to this disease occurring during the past year—both calling forth an opinion of Attorney General. In the first case the question, raised by the county attorney of Hyde, was as to the power of the county sanitary committee to order compulsory vaccination. The matter was referred to your secretary by the county superintendent for settlement. While in my opinion there was not the slightest doubt as to this power I thought it wisest to have the opinion of our Attorney General, which would be authoritative. In unequivocal terms he declared that statute conferring this power upon county sanitary committee to be valid.

"In the second case the question was essentially the same, although the occasion of it was somewhat different. The county committee of Washington County in addition to ordering compulsory vaccination in a certain township infected with smallpox, forbade any teacher to teach, or any child to attend school who could not present a certificate of vaccination. This order was resisted by the county superintendent of public instruction, and hence the appeal to me by the county superintendent of health. I immediately took the matter up with the State superintendent of public instruction. To be perfectly sure of his ground he obtained a ruling from the Attorney General. This supporting our position, he at once ordered compliance on the part of his subordinate.

AS TO POLLUTION OF STREAMS.

"One matter of very great and far-

reaching importance involving a new question in our State, has come up for adjudication since my last report. This is the pollution of streams used for drinking purposes. Section 13 of an Act to Protect Water Supplies reads as follows: 'No person, firm, corporation or municipality shall flow or discharge sewerage into any drain, brook, creek or river from which the public drinking water supply is taken, unless the same shall have been passed through some well-known system of sewerage purification approved by the Board of Health. Any person, firm or corporation, or any officer of any municipality having this work in charge who shall violate this section shall be guilty of a misdemeanor, and the continued flow and discharge of such sewerage may be enjoined by any person.'

"The Eno Cotton Mills, of Hillsboro, empties its raw sewage into the Eno River, from which the Durham Water Company obtains a part of its supply, lower down the stream. The Cotton Mills refusing to comply with the requirements of the act, a suit to enjoin them from emptying their raw sewage into the river was brought by the city of Durham. The case was decided in the lower court in favor of the plaintiff and the defendant Cotton Mills appealed to the Supreme Court. The case has been argued and a decision will doubtless be handed down before adjournment—in the next few days. That this decision may certify the validity of the act is greatly to be desired. It is the most important matter in its bearings upon the health of our people. People must have water to drink, and they have a right to demand that it be safe water. Owing to the geological formation artesian wells are impossible

in a large part of the State, and consequently the water streams must be used. It is true, also, that people must get rid of their excreta and the most satisfactory way of doing this is by water carriage through sewers into an adjacent stream. The law does not forbid this, but merely that communities adopting that plan shall, before emptying its sewage into a stream used for drinking purposes by another community below, submit it to such a process of purification as may be approved by the State Board of Health. This is a reasonable requirement and one which a due regard for the public health demands. From the present outlook, it appears that North Carolina is destined to be a great manufacturing State and many who now hear me will live to see a factory and its accompanying village or town on the banks of nearly every stream within our borders. It is, therefore, extremely important that this question should be settled now, in the beginning, comparatively speaking, of our industrial life, and consequently, we await the decision of our court of last resort with anxious solicitude.

"Upon request of our authorities, investigation of sewerage problems have been made during the year for the town of Southern Pines and the State Hospital at Morganton and advice given. The reports will be printed in the next biennial report.

#### AS TO TUBERCULOSIS.

"Tuberculosis continues, of course, to be our most fatal disease and its prevention the greatest as well as the most difficult problem we have to consider. Owing to the very small amount of money at our command and the other demands upon that, our efforts are necessarily greatly circumscribed. The



policy outlined in my last report—that of appealing directly to the individual by sending through the mail, the pamphlet on the prevention of consumption with an accompanying letter asking its careful reading—has been pursued during the past year. One hundred thousand copies of this pamphlet have been printed and over eighty thousand have been distributed to date. Many letters of acknowledgement and appreciation and asking for additional copies, to the number in some instances of 500, have been received, and there is no doubt that interest in the subject has been quickened, and much good, it is believed, has been done. As it could be done without materially adding to the postage bill, slips on the prevention of typhoid fever and of malarial fever have been inserted between the leaves of the pamphlets. In this way at a very trifling cost information in regard to these diseases have been widely disseminated. The most discouraging thing in this campaign of education has been the entire lack of interest and co-operation on the part of our profession. In the very beginning a pamphlet with a letter, earnestly appealing to them for their help in the most important work, was mailed to practically every physician in the State. As they came in contact with nearly every case of tuberculosis in their professional work it was hoped that they would be glad to supplement their words of instruction to their patients and their exposed families with the pamphlet. But the hope has been unfulfilled, not a half dozen physicians have applied for pamphlets for distribution. Consequently we have received no help from the most powerful and potentially effective agency that

could possibly be enlisted in this great work for suffering humanity.”

In closing his report, Dr. Lewis said: “Smallpox has been less prevalent and less fatal than usual. A comparison with last year shows the total number of cases to have been 6,051 against 7,375, and the number of deaths, 12, one white and 11 colored, as against 13 and 18 white and colored, respectively, for last year.

#### GENERAL DISCUSSION LIVELY.

Dr. Lewis' report was followed by a lively general discussion. Dr. C. A. Julian, of Thomasville, was the first speaker. He said that tuberculosis was preventable and curable. He declared that the State should compel doctors to report all cases of tuberculosis.

Dr. A. S. Rose, of Fayetteville, stated that in his work as county physician he had found tuberculosis more prevalent among poor and ignorant people, especially negroes. About 100 negroes who had been North and contracted the disease come back home to die. In one family a negro boy brought the white plague and as a direct result he died and left the disease with five other members of his home who soon followed him to the grave.

Dr. R. E. Mason, of Cahlotte, does not believe in reporting all cases for he considered it unwise to tell a patient that he had tuberculosis.

Dr. Julian protested against such a policy, declaring that it was better to tell the truth and protect others.

Dr. K. M. Ferguson, of Southern Pines, said that tuberculosis was a disease of the masses. He argued that the white plague is curable, and can be prevented. The great need of the day is the co-operation of the masses. The spread of this disease is largely

due to general ignorance in the matter of hygienic living.

Dr. H. B. Weaver, of Asheville, believes that the laity should be taught.

Dr. I. W. Faison declared: "If I had the power I would separate members of a family if it were necessary to prevent tuberculosis. The disease is easily prevented. It is a shame that Charlotte has no law to help the situation. When I get well I will put an ordinance in the code that will count for good.

"Tuberculosis is not contagious. Teaching the laity is all poppy-cock. Put the law on it!

Dr. W. H. Anderson, of Wilson, agreed with Dr. Faison.

Dr. T. A. Mann, of Durham, said much good had been accomplished by a city ordinance making the reporting of tuberculosis cases compulsory.

He found that intelligent people were glad to get the literature.

Dr. Ben K. Hays, of Oxford, said: "Public opinion is the law of the land. Law is but an expression of the people. You cannot enforce unpopular laws. Education is what we need. It is a condition not a theory that we are dealing with, and we need not split hairs. We should go to our school teachers, the heads of intelligent families and preachers."

Dr. W. R. Kirk, of Hendersonville, spoke for the patient. He declared: "We can and should have laws but do not let us forget the poor afflicted person. Let us be gentle and kind."

Dr. R. H. Lewis closed the discussion. He said: "Our pamphlet did not fall flat except with the doctors. I sent it to teachers and preachers.

"Laws are dead letters unless they are backed by public sentiment. They are no good so long as doctors, like

our friend over there (Dr. Mason) are afraid to tell their patients that they have tuberculosis. The disease is catching.

"All hinges on the cordial co-operation of the doctors. We must teach the people. Instances are plentiful. There is a house in Richmond County where a consumptive Confederate soldier lived and died. Ten of eleven members of his family died of tuberculosis. A negro family lived there later and five died of the same disease. I could recite many such cases."

The con-joint meeting adjourned to meet again next year.

#### ORGANIZATION EFFECTED.

Immediately after the con-joint meeting adjourned, those interested in the movement to prevent the spread of tuberculosis met in the Civil Court room and effected the following organization: Dr. M. L. Stevens, of Asheville, president; Dr. Benj. K. Hays, of Oxford, secretary, and Drs. Stevens, Hays, R. H. Lewis, of Raleigh; Charles M. Strong, of Charlotte; W. H. H. Cobb, Jr., Goldsboro; Albert Anderson, Wilson; J. Howell Way, Waynesville; George G. Thomas, Wilmington; James A. Burroughs, Asheville; C. A. Julian, Thomasville, and Watson S. Rankin, Wake Forest, members of the boards of governors.

The name of this association shall be "The North Carolina Association for the Prevention of Tuberculosis." The object of the association, as stated by Dr. Hays, shall be the prevention of tuberculosis, (a) by the study of the disease in all of its forms and relations, (b) by the dissemination of knowledge concerning its causes, prevention and

treatment, (c) by such other means as may from time to time be deemed advisable.

The annual meetings of the association will be held at the time and place

of those of the State Medical Society.

This is to be a work of love and charity on the part of the men behind this organization. They are taking up this fight for the sake of humanity.

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## ABSTRACTS.

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### **The Relative Value of Cecostomy and Appendostomy in the Treatment of Amebic Dysentery by Irrigation of the Colon.**

*(Annals of Surgery.)*

CARL states that in "intermediate" cases, in which there is still a reasonable amount of strength but where treatment is not controlling the dysentery, the operation of cecostomy with irrigation of the colon with quinine solution is indicated. Cecostomy is preferred to appendostomy because of less sloughing and an easier closure of the fistula. The appendix should be removed at the time of fastening the cecum in the abdominal wound.

A rapid improvement usually follows the beginning of irrigation, but convalescence is slow, and at times difficulty is experienced in closing the fistulæ. The after treatment—irrigation, etc.—is tedious, and the patients are offensive cases to have in a ward. All in all, it is the lesser of two evils, but in his opinion, it saves lives in selected cases.

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### **The Value of the Differential Leucocyto Count in Acute Surgical Diseases.**

*(Annals of Surgery)*

GIBSON reaches the following conclusions: The differential blood-count and its relation to the total leucocytosis is to-day the most valuable diagnostic and prognostic aid in acute surgical

diseases that is furnished by any of the methods of blood examination. It is of value chiefly in indicating fairly consistently the existence of suppuration or gangrene, as evidenced by an increase of the polynuclear cells disproportionately high as compared to the total leucocytosis. The greater the disproportion the surer are the findings, and in extreme disproportions the method has proved itself practically infallible. As the relative disproportion between the leucocytosis and the percentage of polynuclear cells is of so much more value than the findings based on a leucocyte count alone, this latter method should be abandoned in favor of the newer and more reliable procedure. The negative findings showing no relative increase or even an actual decrease of the proportion of the polynuclear cells while of less value, shows with rare exceptions the absence of the severer forms of inflammation. In its practical applications, the method is of more frequent value in the interpretation of the severity of the lesions of appendicitis and their sequelæ. In order to have some standard to measure disproportion of the polynuclear percentage, it is suggested that a trial be made of the chart which is tentatively recommended under the arbitrary designation of "standard."

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Flat-foot is another cause of pains in the leg or thigh.—Am. oJur. of Surg.

## A Simplified Heat Method of Sterilizing and Storing Catgut.

(*Jour. A. M. A.*)

Bartlett describes a very simple method of sterilizing catgut which consists of taking the ordinary commercial ten-foot strand of catgut, dividing it into four equal parts and making these into coils. These are threaded and placed in a beaker of liquid petroleum so that they do not touch the sides. The beaker is placed on a sand bath and heated to 212 degrees F. in one or two hours. This heat is maintained for eight or ten hours and then brought up to 300 degrees F. in an hour. The gas is then cut off and allowed to cool to 212 degrees F., when the string is cut and the coils allowed to drop into a mixture of Iodin flakes one part, Columbian Spirits 100 parts, and the catgut is ready for immediate use.

## The Technique of Operation for Empyema, Used in Van Hook's Clinic.

(*Surgery, Gynecology, and Obstetrics.*)

Richter states that the operation in common use for empyema consists of a rib resection, with the formation of a large opening for drainage of the pleural cavity. He claims that the formation of a large opening for drainage of the pleural cavity on the principle that a large suppurating cavity requires a free incision to drain it perfectly, overlooks two most important points: First, that the lung can always, in acute cases, and often in chronic cases, be made to fill the space intended for it in a matter of hours to days, depending upon the case; second, that when pleural surfaces are brought in contact by the expanded lung, suppuration quickly

ceases and adhesions form. To expand the lung he uses a suction apparatus suggested by Perthes, which consists of a Bunsen pump, a Wolff bottle, a Mercury manometer, and a drainage tube passed through a sheet of rubber. The pump is attached to a faucet. The Wolff bottle has three mouths—one attached to the pump, one to the manometer and one to the drainage tube. The patient is operated on under local anaesthesia, a slit not over an inch in length is made between the ribs into the chest cavity. The chest wall is smeared with zinc oxide ointment, the drainage tube inserted and the rubber dam closely applied and the bandage is then applied and the patient is allowed to leave his bed as soon as his condition permits using long tube connection so that he may be free to walk around the room.

## The Treatment of Diffuse Septic Peritonitis.

(*Annals of Surgery*)

Le Conte reports several cases of diffuse septic peritonitis with recovery in which he followed the Murphy plan of treatment. He gives the following synopsis of the plan of treatment: 1.—The rapid elimination of the cause of the peritonitis, whether it be a perforation of the bowel, a gangrenous appendix, a ruptured pus tube, etc. This must be done with the least possible handling of the peritoneal contents. 2.—Drainage by tube of the lowest portion of the pelvis through a suprapubic opening, and free drainage through the operative incision. 3.—The elimination of all time-consuming procedures at the time of the operation. 4.—The semi-sitting position of the patient after operation, the so-called Fowler position.



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#### New Method of Lateral Anastomosis. (Surgery, Gynecology, and Obstetrics.)

Werelins reports his new method of latest anastomosis with a few slight modifications as follows: Step 1.—Fix by guy suture opposing surfaces of intestines, of stomach and intestine, as

the case may be, and sew with running almost through-and-through suture. Step 2.—Insert a silk or twine ligature or silver wire, running into lumen of bowels, as in the McGraw ligature. Step 3.—Cover the silk ligature by folding adjacent parts of intestines over it and sew with almost through-and-through suture, leaving the free ends of the silk ligature on the outside. Step 4.—An assistant holds the united tissues firmly along whole length of suture. By alternate pulling of the right and left ends of the silk ligature, the tissues are neatly cut through and an anastomotic opening is made, the thread escaping through the minute slit between the sutures. Tie beginning and end of suture thread, and operation is complete.

# The Carolina Medical Journal

A Monthly Journal of Medicine and Surgery.

VOL. LIV.

CHARLOTTE, N. C., JUNE, 1906.

No. 6

Address all communications and make all funds payable to THE CAROLINA MEDICAL JOURNAL.

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## EDITORIAL.

### Potency of Suggestion.

Under the heading of "The Potency of Suggestion," Dr. J. Madison Tayler makes (Editorial Monthly Encyclopedia, Jan., '06) a timely proposition in reference to the importance of giving the principles of suggestion in medicine authoritative form. The close relation between physical derangements and psychical disorders are fully appreciated, and the difficulty in estimating and defining the psychic in many cases, the failure to recognize it in minor manifestations, the small attention given the subject by clinical teachers the large preponderance of purely functional troubles presented, the varied and often contradictory modes of treatment given these, the influence of suggestion in diverse characters and the problems presented for solutions are noted. The successful physician employs, consciously or unconsciously, suggestion in his practice. The charlatan is his superior in this regard, and the potentiality of medical science is lowered thereby.

To relieve by false and erroneous principles engenders a vitiated conception of the principles that sway humanity. "Here is an ethical platform whereon the clergy should stand with us. \* \* \* As medical science is the key to all human economics so is a clear conception of ethics, as expressed in the Christian religion, at the foundation of all spiritual economics. Unless the exponents of each achieve an adequate mental perception of the working principles of the other calamities must ensue even fatalities to mind and soul."

There is, then, a necessity for a book containing a presentation of the laws common to both religious and medicine. Such a book ought to be written by co-operation of representatives of the two professions. There is a seeming antagonism as medicine is too materialistic and religion tends towards too great transcendentalism in their respective teachings. Still there are many points in common and the fundamental truths are fully admitted by the medical profession.

Dr. Taylor's idea, after consulting several clergymen and psychologists, is to construct a book of a "series of essays on carefully selected divisions of the subject, the joint product of two or three each, physicians, clergymen and psychologists, all of whom should be recognized as competent to speak with authority upon the psychical side of human derangements, well informed on the literature, and of ample personal experience in its practical phases" Several colaborers might give assistance, and the collective result of the labors of all submitted to each for comments. Such a book should meet with the approval of all of whatever sect, who are sincere in their desire to benefit men collectively or single. Physicians and clergymen would welcome the contribution.

This proposition is a good one and it is to be hoped that Dr. Taylor will be able to put his ideas into practical form in the shape of such a book as is proposed. At present we have nothing authoritative on the question on which both the church and the medical profession are in complete harmony. In the study of the questions it must not be overlooked that mind or psychic manifestations and religion are not synonymous terms. Religion has been used by the cults posing as healers of disease without the exhibition of tangible measures as remedies and often with good effect. Its orthodoxy or heterodoxy are not under consideration just here, but rather the idea that there are conditions to be influenced through psychical methods independent of a religious bias. Religion *per se* is a most potent factor and cannot be ignored in any system of suggestive therapeutics, but it is by no means paramount. Successful suggestive ther-

apeutics is dependent upon harmonious blending of the work of the physician, the psychologist and the clergyman.

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### Overcrowding and Success in the Medical Profession.

The May issue of Medicine gives two editorials on these questions. In the first (The overcrowding of the profession) is noted the fact that a few schools have so increased their facilities as to be able to turn out accomplished physicians, and this has given opportunity for other schools to open the door for quick and easy entrance into the profession. Fewer medical students than usual have graduated the last year or two, brought about by the recognition of the over-crowded condition of the profession. At the present rate graduating men in medicine will bring about difficulty in earning a modest livelihood. The ratio now is about one to 500 of population. Last year 5,500 were graduated, 2,300 physicians died. He advises that physicians everywhere dissuade students from entering upon the study of medicine, and gives it as his opinion that if every medical college in the United States were to be closed for five years it would be an advantage to both the profession and the community.

The second deals with "Success in the Medical Profession, and notes the elements which go to make success. Industry, ability and determination, are the key notes. Large means are not essential, for while a medical education is costly, and might relieve of drudgery, and allow time for laboratory and original research work, such drudgery was not unproductive, and the man of leisure rarely devoted his time to original research. Money, in-

fluence, social position, and even genius were of little account. The element of luck is practically negligible, as it was

most the expression of the ability of a man to grasp an opportunity when it presented.

## Editorial Notes and Comments.

### Regenerations of Lost Members of the Human Body.

Recently Dr. F. H. Morgan (Ph. D.) presented a very interesting paper before the Harvey Society, of New York city (Jour. A. M. A., May 5, '06) on "The Extent and Limitations of the Power to Regenerate in Man and Other Vertebrates." The importance of the subject can hardly be overestimated. The desirability of devising ways and means by which man may grow a limb in the place of one lost is beyond question. It may never be accomplished, but as the author of this paper says, we gain nothing and lose a great deal by referring the whole regenerative process to a mysterious formative or completing force while we know nothing of this force.

A comparison is made of the ways in which many of the lower vertebrates regenerate lost members and several experiments instituted to determine mooted questions relative thereto are detailed as to why animals stop growing, definite conclusions are reached, though the author quotes Pflüger teleologic law—that in living beings the cause of every need is at the same time the cause of the fulfillment of that need. From his experiments he is convinced that the rate of growth and especially of regeneration is not primarily one of food supply.

The power of regeneration in the lower vertebrates is much greater than in those higher in the scale of animal life. Fishes, for instance, have excel-

lent powers of regeneration, and passing higher in the scale we find less powers in successive steps until it is lost in birds with the ability to grow a broken bill.

The author claims that we must look for the reason of this in something beyond increasing complication of structure, as the eye of the salamander a very complicated structure will regenerate from only a piece of the bulb, and he sums up his conclusions as follows: WHY CAN NOT MAN REGENERATE AN

#### ARM OR LEG.

"For several years I have been making experiments and examining this question in various ways. I do not feel that I can give you a satisfactory answer, but the evidence indicates, I think, with some probability, that the failure is due to the fact that the different tissues have very different rates of regeneration. In other words, each tissue in man seems to possess the power to regenerate its kind, but not all at the same pace, hence they fail to co-operate at the proper time to form a new structure. In man the skin regenerates; the muscles regenerate, though less well perhaps; the nerves and the blood vessel regenerate, and the bones even have a not inconsiderable power to mend and even to some extent to regenerate. Hence, as I have said, the failure of the new limb to develop does not appear to be due to the failure of the individual elements to regenerate, but is due to their failure to regenerate concurrently. The bones



seem to be the main cause of the trouble, for they produce new material with great slowness.

"In this connection it is instructive to observe that in the vertebrae series the failure to regenerate is found in cases in which cartilage begins to change into bone. Within the group of amphibians we find this change taking place. The newts and salamanders, with partly-cartilaginous bones, regenerate readily, and so do the larval frogs, while in the adult frogs, where the bones have become harder, regeneration has almost disappeared. In the lizard the power to regenerate its leg has been lost, but it can regenerate its tail; and the tail vertebrae are less hardened than the bones of the leg.

"I do not wish to affirm that this is the only cause of the failure to regenerate in higher vertebrates, including man, but, as I have already said, there is some indication that the main trouble lies in the slowness of the bones to regenerate in time with the other tissues. But if the tissues in man still possess the power to regenerate may we not hope in time so to adjust their rate of regeneration that the replacement of a lost limb may be induced? I can not but think that some day this may be accomplished."

While there is much purely speculative in these conclusions, there is some foundation for the opinions advanced, and further study and experiment may yet give a scientific answer to the question, "Why cannot man regenerate an arm or a leg?" It will depend upon the answer as to whether science will ever enable man to grow his lost member.

The keen edge of the doctor's scalpel saves lives, but when hypocrisy cuts friendship it makes misery.

### Regulation of Prostitution.

The Canadian Practitioner and Review for March, 1906, discusses this question editorially, dealing more particularly with police control and medical examination. The difficulties of the latter and the failure of the former are brought out and the editorial closes with this assertion:

"As a matter of fact medical control has been such a conspicuous failure wherever it has been tried that the Society of Sanitary and Moral Prophylaxis in dealing with the social evil does not propose to discuss at its meetings any papers advocating regulation.

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### The Day's Work.

This is the title of the address of the President, Dr. C. Holtzclaw, delivered at the 73d annual meeting of the Tennessee State Medical Association at Memphis, on April 10th, last. It differs very materially from the usual forms of the presidential address, and in semi-humorous way says many good things of the doctor's work, a few of which we reproduce.

"After you get up you have to dress—another nuisance—and as long as we must submit to this as a necessity (although I abhor a uniform above all things) I think the profession should for various reasons adopt, not a distinguishing habit such as the clergy wear, but to appear always in neat black and white."

Then we have to eat, and on the subject of diet some of the indigestible things that have made us a "nation of dyspeptics" are mentioned, and of the principal one he thus speaks:

"Take flour, for instance—our principal staff of life, the very manufac-

ture of which is wrong. This new roller process crushes the life out of the grain, whereby the bran containing the gluten which holds the albuminoid principles that afford the nourishment for cell building, are separated and thrown away as food for the lower animal; while we get only the white flour containing almost pure starch which affords stimulation and not nourishment to the system. Even this flour is adulterated with corn and potato starch and barytes. No wonder, I say, then, that the day's work shows us an ever increasing number of mental, nervous, and physical neurasthenics, stomach troubles, and all the various ills attendant upon the various forms of indigestion, nearly all of which are caused by improper food.

It is our duty in the day's work, then, to exercise the first and greatest function of the physician, that of a doctor or teacher; let us teach our people how to eat, to abjure the too numerous predigested and foodless foods which do not even require mastication; but to go back to the whole wheat flour, the natural, coarse, and wholesome foods of our forefathers; to the foods, as the old woman expressed it, "that has some chew to it."

These neurasthenics are a queer class, and, if not properly fed, become violent victims of either rum, rheumatism, or religion—this apt alliteration is fine food for thought, well worthy of considerable digestion at your leisure.

The question constantly confronts us, what shall we do with them, and the Osteopaths, and the Dowieites, the faith cures, and all other pathies and isms and ites; what position shall we take toward them? The first impulse or instinct of humanity, when anything

interferes with its self-preservation, is to fight. Shall we fight them? No, that is too common and vulgar and expensive, besides it would be like the Kilkenny cat-fight, always resulting in more cats. Let us, rather, take our cut from the recent great biological discovery of the age, phagocytosis—let us, like Bosco, "eat 'em alive." Let us prepare them with superior knowledge, pepper them with ridicule, encrust them with indifference, roast all the good out of them (for there are good points in all of them), and slowly but surely assimilate their good things for our own great glory and welfare.

The day's work brings many rings from the telephone, this indispensable abomination. It is remarkable what a number of long distance dunces it brings us in contact with. For instance, at two a. m. on the first of last January my telephone bell rang furiously. I got up and answered it. The voice asked briskly, "Is this 1906?" "No," said I. "You are a liar," said he. Central wouldn't tell me the number, and I am still listening for the voice.

Another time at one a. m., when I had retired at twelve, half frozen, one of my favorite patients, a sweet little woman with a first babe, called me up, and in a pitifully distressed voice said, "Willie has been crying for an hour, what must I do for him?" "Oh," grunted I, "give him some paregoric."

"I gave that."

"Umph," said I, "give him some Dewees' Carminative."

"I have given him that too," said she.

"Umph," said I, at my wit's end, "let the rascal nurse, may be that's what's the matter with him."

"All right, I'll try it," wailed she.

In an hour I was rudely awakened

by the 'phone again as though there were a terrible accident on the railroad.

"Well," growled I, "what is it?"

"That was it," the happy little voice cried.

Now what can we do in such cases? Shall we charge for telephone prescriptions or advice? It really is becoming a serious question to the busy practitioner to have to answer so many phone calls and so frequently of a frivolous nature.

"The day's work brings us many kinds of cases, pathetic or ridiculous, rare or commonplace, but withal we scarcely think worth mentioning wherein we differ from the irregular or the quack, who, when they effect a cure of a case, must needs act like a duck when she lays an egg, by setting up an interminable and intolerable quacking over something which to us is a matter of course in our day's work. Perhaps this is where the quack derives his name.

"In the day's work we meet many members of our profession, and many years of close contact and careful study have enabled me to finally make a thorough and complete classification of doctors. There are four kinds of doctors. First, there are those who know, and know what they know; they are to be envied and emulated. There are those who know and don't know that they know; they are to be pitied and encouraged. There are those who don't know and know that they don't know; these are worthy of the kind consideration of every one and are to be taught. Fourth, there are those who don't know and don't know that they don't know; these should be taken out and gently, but firmly, knocked in the head with an axe.

"As I sit and muse and think some-

times on the work of days gone by, there comes to my mind the one example of the perfect physician. He was advanced in years when I knew him, but his life had been spent in study for the advancement of his profession; his day's work had been spent in relief of suffering humanity and without charge, for he kept no books; he was careless as to his personal appearance and habits, and negligent as to his office appointments. Well do I remember his little, tin sign hanging at the bottom of the stairs and creaking with every puff of the wind, and bearing this legend: "Dr. Blank. Office Up Stairs." Well do all remember who knew him, his utter self-abnegation and ever-ready willingness to sacrifice himself for the benefit of others. One day, in making a physiological experiment on himself, in order that he might be of use to mankind, he passed away. As we bore his poor, emaciated body the next day along the street to its last resting-place, the people whom we passed instinctively stopped and bowed their bare heads.

"He had no means with which to purchase a tombstone, but we gave to him the most fitting and appropriate epitaph ever rendered to man. We placed at the head of his simple grave his little old tin sign: 'Dr. Blank. Office Up Stairs.'

"And so, my friends and fellow practitioners, when we have finally finished our day's work, and have been called in consultation with the Great Physician above, may we all deserve to have as our sign: 'Office Up Stairs.'"

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All cases of hernia in which there is a history of frequent urination should lead one to the suspicion that the hernial sac contains part of the bladder.—*Am. Jour. of Surg.*

**Consumption in the Negro.**

RAWLIN recently presented a paper before the Tri-States (Miss., Ark. and Tenn.) Medical Society, on this subject, in which he claims (Memph. Med. Monthly, April, '06) that consumption is the dominant cause of the increasing death rate in the negro. The etiology of this condition is given as follows:

Various co-operating factors have brought about this condition. The negro race has naturally less lung development and expansion than the white race; this alone increase their vulnerability. Add to this increased receptivity, reduced vital resistance from various causes, and increased exposure to infection from overcrowding and nonobservance of sanitation, and you have a Pandora's box of evils for its dissemination, and unless some speedy and efficient means are enforced for its suppression, the negro race will become the permanent hosts and disseminators of tuberculosis throughout the South, or wherever they go.

Special symptoms peculiar to the disease in the negro are noted. The invasion of the disease is more acute, and the course more rapid. The slow breakdown of lung tissue with sepsis haemorrhage, etc., are much less frequent in the negro. The lungs are more frequently primarily affected. Acute milliary tuberculosis is quite frequent, without dependence upon some old tubercular focus. Tuberculous laryngitis and meningitis are rare in the negro. Tuberculosis in any form in the negro may be regarded as absolutely fatal. In thirty-five years practice the author has never seen a case cured or permanently benefited by treatment of any kind.

**New State Society Proposed in Georgia.**

Perhaps it is none of our business, still we want to express an opinion deprecating the action of a number of the physicians in our sister State of Georgia in launching a new State Medical Society within its branches as foreshadowed or rather its practical organization claimed by its promoters in the current newspapers of the State.

The plan of organization is given to the press by Dr. W. W. Stewart, a member of the State Board of Health, after being informed that the press had the facts and would publish them any way. Dr. Stewart is reported as follows

"Yes, it is true that we are organizing a new medical association; in fact, it is practically organized. We intend to make the new association a great force in Georgia, but it must be distinctly understood that we are not making a fight on the Georgia Medical Association. Some of us are opposed to the amalgamation of the old society to which we were greatly attached with the American Medical Association, and did not care to put ourselves under the restrictions required by membership in that body. Our association will be open to all reputable physicians, and we trust that many of those in the Georgia Medical Association will also unite with out association, which is to have many new features which we are confident will be of great value to the profession in Georgia.

"I would like to say in regard to this association that its organization is not in the slightest degree retaliative toward the present Georgia Medical Association, as it will have quite a number of peculiar features never before incorporated in the plan of action



of any medical association, making it unique amongst all others. To become enrolled in its membership will be as advantageous to those now in the old associations to those who are forming the new society."

Several physicians have been in consultation relative to the matter and a call has been issued for a meeting to perfect the organization, part of which is as follows:

"We believe this call will in every part of the State be received by the doctors as glad tidings of joy, as it means the organization of a State medical association hampered in no way by national influence and in every way an old high standard Georgia Medical Association for the furtherance of scientific research and the infusion into its members of high ethical principles with with brotherly love, giving every right to all and no special privileges to any.

"With your valuable cooperation in this movement we feel that to organize such an association is a matter of the greatest ease. It is not the purpose of this association to exclude from membership men belonging to any other association or scientific organization. The only requirement for organization therein will be that he be a properly graduated physician from some reputable institution recognized as being a regular school in good repute, indorsed only to the extent required by our old Georgia association, membership in local organization being a matter left entirely to himself."

We always hail with pleasure any movement that has a tendency to place the medical profession on a higher plane, in its scientific work, influence with the public, social life, financial returns, or better equipment for com-

bating disease. We doubt whether this movement of our Georgia brethren is calculated to do either of these.

It will be impossible to prevent a certain element of rivalry between the new society and the regular organization affiliating with the National Association. Ere long this rivalry will develop into antagonism, if such a condition is not already present with a goodly number of those allied with the movement. A fight for supremacy in any direction among the members of the profession can have none other than a deleterious influence. The powers of the profession will be weakened and the results will be hard to foretell.

We see nothing as announced for the new organization that cannot be obtained in the present society. We do not know what the new features are that it is to have, but believe that the present society would carefully consider any measure proposed that promised to be of value to the profession.

Unless our Georgia brethren are different from the rest of us, comparatively few of them will affiliate with both organizations, hence the majority of the new society's membership will not be in full accord with the efforts now being made to place the profession on higher planes by the means of thorough organization.

Personally, we are not in full accord with the present organization of the medical profession as conducted under the National Association. There are some features objectionable, but the main idea of cementing and harmonizing the profession into one compact body we believe to be good. The plan is a new one, is not yet in easy working condition, and to avoid all friction could not be and was not expected.

More good to the profession can be accomplished by efforts to eliminate the bad features of the plan and to correct the errors of its administration within

the boundaries of the association than by antagonizing its efforts, and we can but believe that movement of our Georgia friends is illy advised.

## NEWER MATERIA MEDICA.

### Entero-Colitis.

By O. W. Cobb, M. D., Easthampton, Mass.

I was called last August to see an eight-months' old boy who was said to be dying of cholera infantum. He had been treated by two capable men, both of whom agreed that the child could not possibly outlive the day. Every conventional remedy had been tried and the favorite methods of both men had been exhausted. They frankly admitted that all had been done that could be done. I found the patient almost moribund and displaying all the symptoms of a child dying of what I diagnosed as entero-colitis. The symptoms, to my mind, were classic, despite the previous diagnosis. The case was turned over to me at 9. A. M., August 7th. A trained nurse was already on this case. She is an unusually competent woman, in whom I have the most implicit confidence. Then began one of the hardest battles of some years in my practice. I ordered high enemas of Glyco-Thymoline in 25 per cent. solution and warm. Used four ounces at a time with a soft rubber catheter once every three hours. The child could retain nothing, was in frightful pain and passing constantly thin, foul-smelling discharge tinged with blood. The child was emaciated to the last degree and for several days before I was called had been in a semi-conscious state. The poor little baby was a pitiful sight. For nourishment I ordered several combinations to be administered, an ounce at

a time, as a rectal clyster following the enemas of Glyco-Thymoline.

I know it is not good practice to give hypodermics to an infant, but this was a grave case. My predecessor had ordered gr. 1-64 morphine, gr. 1-960 atropin, sub. q. every four hours if needed, with strychnine 1-240 gr. if necessary. I continued this as the baby was often in intense pain and these seemed to be no other way. This was my plan of campaign and I am both thankful and pleased that it was successful. The baby improved from the first, but so slowly that it was scarcely discernable to the parents, but the nurse and myself saw it. After three days the child could take some nourishment per oram. I then gave 2 m. Glyco-Thymoline in one ounce of water every two hours before feeding. It began to have short periods of natural rest and the discharges were in every way improved. At the end of a week, August 14th, the improvement was quite marked, but we did not relax our vigilance. The hypodermics, except of strychnine, were discontinued. The enemas were continued fifteen days, once every three hours, then at less frequent intervals for a month, then once a day for six weeks. The recovery of the little patient was long and slow, but uneventful. The mother and nurse were devoted and ably seconded my efforts. At this time the baby is a strong, rosy youngster.

It gives me great pleasure to tell you of this case. The experience may be

of value and it certainly proves to my satisfaction at least, the potential possibilities of Glyco-Thymoline in gastrointestinal work. May you be speeded in your good work.

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### **A Timely Suggestion.**

The approach of the national holiday, July 4th, suggests to the surgeon the necessity of preparing to handle cases of cannon-cracker wounds and other injuries caused by the explosion of fireworks. Many of these, in the nature of things, will be infected with the bacillus of tetanus or its spores, and will require the most scientific treatment to save life. It is necessary only to review the files of this and other leading medical journals to gather a fair estimate of the enormous sacrifice of life that this country makes every year in celebration of Independence Day, and it behooves every medical practitioner to be prepared to receive and treat each case that presents itself with the best means at his command.

Without repeating the statistical facts that have been cited again and again in support of the prophylactic use of Antitetanic Serum, it is only necessary to say that these facts conclusively prove the value of the Serum as a preventive of tetanus. It is injected in a single dose of 10 Cc. immediately after receipt of the injury, and should be repeated ten days later. The wound is to be thoroughly cleansed, avoiding the use of strong solutions or agents that coagulate the albumins, and packed with gauze well charged with Antitetanic Dusting Powder. Antitetanic Dusting Powder is Antitetanic Serum dried and powdered and mixed with a suitable quantity of Chloretone. It is recommended by reliable and experienced medical prac-

tioners as a dressing for the wound in all cases in which tetanic infection is suspected. It is practically odorless and keeps well.

Antitetanic Serum and Antitetanic Dusting Powder are supplied by Messrs. Parke, Davis & Co., and may be obtained through all druggists.

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### **The Solubility of Alkaloidal Granules.**

I noticed in a recent journal that some doctor makes an objection to the granules of the active principles on the basis of their alleged insolubility or slowness of solution in water. Now I want to say to that brother that either he does not use Abbott's "Alkaloidal" granules or, if he does, he is not using them properly. I use them extensively, and have for years, and can truthfully say I have my first granule yet to find that is not soluble in water and will state further that they make a perfect solution. I often even use them hypodermically and we all know that anything insoluble cannot be used with any degree of satisfaction or safety that way—of course I refer to those containing drugs that are soluble in water. Allow me to say, in defense of the "Alkaloidal" granules, of which I have on hand almost their entire list, that I find them of uniform strength and that they always give me excellent satisfaction.

Like many good things, Abbott's "Alkaloidal" granules are imitated and with the usual result that all imitations are decidedly inferior; Dr. Abbott has done a great work for the medical profession and should have their unqualified support. No unprejudiced physician can reasonably object to his goods or his methods and those who do for us unstintingly, as he does, should

be protected from piracy by our patronage, as far as possible. So much in defense of Abbott's Alkaloidal granules and in the interests of fair play.

DR. P. M. HOWKINS.

Kraig, Texas.

### **The Modern Management of Malarial Anemia.**

One of the most obstinate forms of anemia with which the physician has to contend is that which succeeds malarial infection. This particular form of anemia is, unquestionably, due directly to the structural changes induced by the protozoon parasite.

While a mild form of anemia is a common, if not invariable, consequence of malarial infection, there is a severe type, termed *malarial anemia*, which not infrequently occurs. This latter variety usually responds slowly to curative measures; and, since its existence renders the individual a fit subject for recurring malarial manifestations upon the slightest exposure, the importance of its cure cannot be too strongly emphasized.

The doctrine of the latency of malarial poisoning in the human body is rapidly gaining in popularity. Some authorities even go so far as claim that a person who has once been inoculated with the malarial protozoa never completely recovers.

Whether this be true or not, it is certain that the protozoon parasite does exert an influence which tends, for a great length of time, to lower vitality and render feeble the powers of resistance to renewed attacks. This is especially true in the case of women, children and persons of advanced age.

Recent investigators unite in ascribing

the cause of malarial anemia to the liberation of hemoglobin from the red corpuscles in the blood vessels. The pigmentation resulting from this liberation of hemoglobin is one of the characteristics of malarial infection. And while the coloring matter may remain in the blood stream, it usually infiltrates into the cells and neighboring tissues. The deposit of pigment is especially great throughout the tissue of the liver and spleen.

The thickening and softening of the mucous membrane of the stomach which always attends malarial infection, seems likely to contribute, at least to some extent, to the development of anemia.

In every instance the degree of the anemia is in direct ratio to the amount of the hemoglobin liberated from the red corpuscles. And this fact explains the philosophy of effecting repair by the administration of iron, the hemoglobin-contributor.

Whether or not the protozoon parasite is ever completely eliminated from the economy remains an unanswered question. But it is now universally conceded that the protracted administration of iron does render the individual partly, if not completely, exempt from a return of malarial manifestations of an aggravated type. Far more so, in fact, than does quinine. Indeed, we have good cause to believe that iron does exert a destructive influence upon the malarial protozoa and increases the immunity of the individual.

While it is the chief aim of the physician to make up the deficiency of the hemoglobin in these subjects by the administration of iron, it is distinctly important, coincidentally, to increase the ap-



petite and augment the capacity to appropriate the food ingested.

To this end, discrimination in the selection of the form of iron to be employed is vitally essential. The acid solutions of the drug are ineligible because of the fact that they cannot be engaged for a long period without harmfully affecting the secretion of the digestive juices and adding to the morbid state of the mucous surfaces of the alimentary tract.

Furthermore, the continued use of acid products of any sort are certain to diminish the alkalinity of the blood, thus depressing, to a very considerable extent, the nutritive processes. Then, too, headache, which is an ever disturbing factor in these cases, is intensified by all substances of an acid reaction.

The strongly alkaline preparations of iron, while less objectionable than the acid ones, are open to fault for the reason that they induce constipation, and in this manner favor auto-intoxication.

By far the most effectual form of iron in the treatment of malarial anemia is that which is neutral in reaction and available for immediate absorption. The organo-plastic form of iron, as found in Pepto-Mangan (Gude), certainly fulfils the requirements of the physician with greater promptness and uniformity than any other product thus far evolved.

This preparation — Pepto-Mangan (Gude)—is by all means the most potent hemoglobin-producing form of iron, and it undoubtedly surpasses other ferruginous products as an invigorator of the digestive and nutritive functions. These assertions are easily confirmed by the microscope.

It is also an accepted fact that Pepto-

Mangan (Gude) does not induce constipation, and it seems to materially hasten repair of the mucous surfaces of the alimentary tract resulting from the structural changes incident to the malarial infection.

In short, Pepto-Mangan (Gude) is of inestimable value in the treatment of malarial anemia by virtue of its manifold advantages over other preparations of iron.

If this preparation is administered for the proper length of time, the individual gains substantially in strength, flesh, physical and mental energy.

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### **Sanmetto in Pregnancy.**

For years I have been a warm admirer of Sanmetto in all cases of pregnancy. I find that it carries away from the system pretty well all of the albumen and strengthens the abdominal muscles. Try it some you brethren and report it. I prescribe it in the last month of pregnancy.

JOSEPH J. PARKER, M.D.

Warfield, Texas.

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Lumbar puncture must not be performed in cases of tumor of the brain. Sudden death has frequently happened in such cases.—*Am. Jour of Surg.*

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### **Sanmetto in Irritable Conditions.**

Some months ago I gave Sanmetto a trial, since which time I have been a very warm admirer of it, as I find it exactly what it is claimed to be. It acts finely in irritable conditions of the urinary tract, and also in gonorrhea and gleet. I do honestly wish physicians not acquainted with Sanmetto would give it a fair trial.

H. L. HELMS, M.D.

Memphis, Tenn.

**Making Sufferers Comfortable.**

By W. T. Marrs, M.D.

*(College of Physicians & Surgeons,  
St. Louis, Mo.)*

As has been frequently stated, the special province of the physician is to relieve pain. To do so without producing a drug habit, or in some way jeopardizing the patient's life, has always been a problem. I looked askance upon any drug or preparation purporting to be free from objectionable qualities until I began prescribing antikamnia and codeine tablets a year or so ago. The Antikamnia Chemical Company in their preparation of these tablets, by a refining process known to themselves, remove all the toxic elements from these two drugs, so that no damaging effects result. They produce only the most benign results and there is no tendency whatever to produce a drug habit. I now regard antikamnia and codeine tablets, as the ideal pain-reliever. Headache and neuralgia are not their only field of usefulness. I find that in chronic and malignant diseases where pain is a marked factor, the antikamnia and codeine tablets relieve pain and make the sufferer more comfortable. Cancer is a condition attended by excruciating pain, but I was agreeably surprised and my patient gratified at the results obtained from these tablets.

I have also had pleasing results from these tablets in both acute and chronic rheumatism. All physicians know how intractable is sciatic rheumatism, but the last few cases I had, I prescribed these tablets and I am sure they lessened the duration of the disease. To relieve pain in its incipency will often abort an inflammatory disease. This preparation certainly has quite a large field of usefulness, and the doctor who

once uses it will seldom resort to any other anodyne.—Jewett, Ill., May 5, 1905.

**Treatment of Rheumatism, with a Report of Twenty-Nine Cases.**

By Karl H. Goldstone, M.D., New York.

Whatever may be the changing theories as to causation of rheumatic manifestations the clinical side to the practising physician is always of greater interest.

In acute articular rheumatism, the salicylates act as specifics and in all our armamentarium there is no drug, no more of treatment more reliable; for if mercury is a specific in syphilis, or quinine in malaria, so surely are the salts of salicylic acid in inflammatory rheumatism. In rheumatoid arthritis R. P. Howard says, "Judging from my late experiences and from the results obtained by G. See and other French physicians, the salicylates given in sufficient doses, promise to be more generally useful in the more acute forms or in the actively inflammatory periods and exacerbations of the disease than any other agent."

Including See's cases, Compagnon (de l'utilite du salicylate de soude dans le traitement du rheumatism) has related seventeen examples of rheumatoid arthritis, most of them of the general progressive form, in which "great improvement as regards pain, stiffness, swelling, and even deformity, followed the employment of this drug, even after the failure of other remedies. It proved signally useful in a rebellious chronic case of my own, even where alkalies, iodine and arsenic had failed."

During the past decade, a number of

articles have appeared on the value of the salicylates in gouty arthritis, especially in its more acute form. Germain, See, Latham, Jacoud, Haig and Rolfe all strongly advocate the employment of the salicylates, considering them fully to colchicum.

Speaking of the use of salicylic acid in gout, Sir Dyce Duckworth (Treatise on Gout, page 359) says, "I do not think it is likely to supersede the well-established action of colchicum as a prompt deliverer from the agony of a gouty paroxysm, but it is a remedy of considerable power and usefulness."

It is well to remember that these first observers used exclusively the natural salicylates, which accounts for their very remarkable results. To-day, however, unless especially stipulated, the synthetic salicylates are substituted for it in our dispensaries and pharmacies and while chemically identical perhaps, physiologically they are less efficient.

The question of cost has practically deprived patients of the best effects of the natural salicylates, much to the chagrin of the medical attendant who expects to promptly relieve the pain, swelling, tenderness and rise in temperature. Again, how often do we not find the stomach rebel against large doses of the synthetic salicylates which are necessary to effect relief?

In my experience, we can best solve this difficulty by prescribing internally such natural salicylates as colchi-sal, a known combination of the alkaloid colchine and natural methyl salicylate, and by external application of betul-ol, each minim of which, while chemically equivalent to 1 grain of sodium salicylate, has the therapeutic properties of from four to five times the amount of salicylate absorbed from the alimentary

canal, while this method inhibits the untoward effects which heroic doses of sodium salicylate, or other salicylic derivatives (by the mouth) are liable to produce.

Betul-ol (Lin. menthol-methyl-salicylate) is a two per cent. solution of menthol in a methyl ester of the salicylic radical, and is readily absorbed by the skin.

Colchi-sal capsules contain each, according to the published formula), 1-4 milligrams of crystallized colchicum dissolved in methyl salicylate distilled from the plant, *betula lenta*.

### **Operative Cure of Stomach Cancer.**

MAYO states editorially in Surgery, Gynecology and Obstetrics, that the prevailing pessimism in regard to the cure of cancer of the stomach has not been justified by events. As a result of modern methods which have developed within the last five years, the death-rate has been greatly reduced and in the average case is not much above ten per cent., in the favorable cases nearer five per cent. The vulnerable point in this whole question if the operative cure of gastric cancer lies in our inability to make a diagnosis of this most common malady (30 per cent. of all cancers) in time for radical operation. Laboratory methods, so valuable in the latter stages, avail us but little in the early diagnosis. The history, clinical observation, and, finally, exploratory incision of the suspected case are our best guides. In their own cases they have twenty-two per cent. alive and free from recurrence more than three years. He states that this showing is sufficient to establish the radical cure of cancer of the pyloric ends of the stomach upon a sound surgical basis.

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M. J. Breitenbach Co.

New York.

### Needed Legislation.

Increased attention is wisely directed to an alarming extent of sophistication in foods and drugs; the former commonly being contaminated by preservatives which are injurious, and the latter, under guise of harmless remedies, often owing efficacy to dangerous narcotics. This deplorable practice has been officially shown to be so widespread and demoralizing as to demand rigid legislation to protect both the consumer and the reputable merchant.

Several States have framed laws against the falsity of traffic in commodities essential to life and health, and a bill is now before the Congress which, if enacted, will afford government protection against such abuse, and, by

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If within a week or two after the performance of gastrostomy the drainage tube should be expelled from the fistula, do not entrust its re-introduction to inexperienced hands. It has sometimes happened that the tube has been pushed into the peritoneal cavity, instead of into the stomach.—Am. Jour. of Surg.

Carcinoma of the cervix may remain hidden in the lumen of the cervical canal, which is then eroded and forms an irregular elliptical cavity. While the

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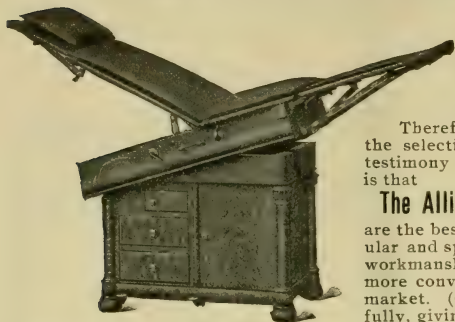
external os is closed suspicion of the serious condition present will be attracted by the foul or bloody discharge.—Am. Jour of Surg.

A hematoma may be produced in the calf muscles by direct or indirect violence that the patient may pay little attention to at the time or even fail to recall.—Am. Jour. of Surg.



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## **How May the Scientific Meetings of County Societies Be Made More Profitable?**

Dr. Theodore Diller, of Pittsburg, made, among others, the following suggestions: Efforts should be made to get all the members of the county societies to take part in the programme which should exhibit as much variety as possible as to men, methods, and methods of presentation. The "symposium" should not be repeated too often. The possibility of meeting at hospitals where physicians had patients who could be seen was thought worthy of consideration. Since all the members were physicians and not all surgeons, medical subjects should be discussed two or three times as often as surgical. A paper by a visiting physician was considered particularly desirable, and this should be discussed by local men. Occasionally the visiting physician should be appointed to discuss the

papers of local men. For the best preparation of papers, it was suggested that nothing was so helpful as a critical study of the literary form of the best known medical writers. A single well reported case was thought to be the easiest task for the young man and the most acceptable—N. Y. Med. Journal.

Swelling of the leg, associated with febrile disturbances, may be produced by hematogenous infection of a hematoma of the calf muscles. Such a condition may somewhat simulate osteomyelitis or other serious condition. It may be differentiated, however, by the location of the greatest tenderness and swelling and by a careful inquiry into the history. If no distinct traumatism is recalled the condition of the patient's arteries may nevertheless suggest the possibility of the occurrence of such a hematoma.—Am. Jour. of Surg.

Bandage knives cut best when they have a "saw edge," which is easily secured by sharpening them on a window sill or other rough stone.—*Am. Jour. of Surg.*

Post-operative hemorrhage from the base of the bladder that proves inaccessible to ligatures, and uncontrollable by packings, may be checked by the following method: Through several thicknesses of gauze, cut in squares, pass a double strand of heavy silk or of twine fastened on a stout needle. With the patient in Trendelenburg's position and the bladder widely opened, thrust the needle from within directly through the perineum, and bring the gauze firmly against the bleeding surface by pulling upon the threads, which are then to be fastened to an outside dressing.—*Am. Jour. of Surg.*

### The Fakir.

The term "faker," as we understand it, is the same, or was the same originally, as "fakir," which is a word coming from India and meaning simply a performer of slight-of-hand tricks, but with time the meaning has become modified so that the word as now understood means one who plays a trick, usually a mean trick, for the purpose of cheating someone, the trick itself being known as a fake, though sometimes this word means an advertising misstatement. In optics the word has special significance and is applied to the trickster who scares his patient into paying a fancy price for inferior goods, or makes a sale of glasses where the same are not called for, or where from the very nature of the case they are not applicable. The faking is all the



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worse where the pretended scientific examination is but a pretense to impress the "mark," as, for instance, using a reinoscope without a light, a very common trick. It is needless here to give in detail all those tricks which the faker uses to get his victim into that state of mind where he is willing to give up; it is sufficient to say that he is simply a cheat, a swindler, and that the fake consists in a misrepresentation, whether of a word or action, for the purpose either of gaining money or saving money. Under the latter head would come those cases where lenses are "sent to the factory to be changed," but are really put aside for a few days to be returned in due time as "re-ground."—*The Optical Journal.*

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In an action at law recently brought by Messrs. Sander & Sons, Bendigo, Australia, at the Supreme Court of Victoria, and tried before His Honor the Chief Justice Sir J. Madden, K. C. M. G., L.L. D., against a party who tried to foist a eucalyptus preparation upon the market in a similar package to that in which the genuine "Sander & Sons' Eucalyptol" is contained, thus practising the grossest form of substitution, it was shown that his imitation was a crude, unrefined eucalyptus oil, containing all irritating substances and possessing no antiseptic power whatsoever.

His Honor the Chief Justice of Victoria said with regard to the genuine "Sander & Sons Eucalyptol" that whenever an article is recommended by reason of its good quality, etc., it is not permissible to imitate any of its features, and he granted a perpetual injunction preventing the defendant party from so doing.

There are many degrees between an absolutely inert and injurious article, and one which was proved by expert witnesses at this Tribunal of Justice to be absolutely pure and scientifically standardized, viz: the genuine "Sander & Sons Eucalyptol." But mediocrity has no place in medicine and only the best and most reliable article will make and maintain the doctor's reputation.

Thus the necessity for observing strictest adherence to most scrupulous discrimination in securing an approved product is once more convincingly substantiated by the foregoing and furthermore strengthened by a report which Dr. Owen made some time ago to the Medical Society of Victoria. The doctor states "that a child living at Fitzroy, a suburb of Melbourne, became most seriously indisposed through the use of eucalypt." The number of inert and even injurious products of eucalyptus has, since this report is made, rather increased than otherwise, and so we find precaution now even more indicated than ever before. Therefore, please specify "Sander & Sons Eucalyptol" when prescribing.

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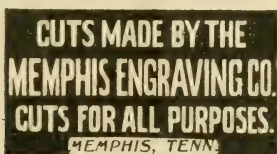
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Do not be too hasty in resecting a strangulated loop of intestine. It is remarkable how frequently such loops become viable after long continued applications of hot saline solution.—Am. Jour. of Surg.

If a peculiar looking mass is found at the inner side of the ring in the course of an operation for inguinal hernia, do not incise or dissect it before convincing yourself that it is not the bladder.—Am. Jour. of Surg.

## MEDICAL NEWS AND ITEMS.

(Clipped largely from *Medical Age*.)

New York estimates that there were 10,000 still-births in the State during 1905.

The University of Berlin has instituted a course of lectures on the study of alcoholism. Every phase of the question is to be considered, including the influence of alcohol on the intellectual development of the young, its

relation to insurance, its connection with state hygiene, and the relation of alcohol and the penal code.

The New York State Commissioner reports to the State Legislature an increase in insanity. In 1892 there was one insane person to every 339 people; now there is one to every 229. There are 27,406 insane persons in State and private institutions.



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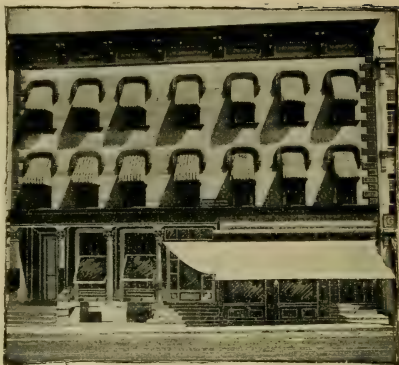
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There were 400 doctors registered at the Charlotte meeting of the North Carolina Medical Society.

Swallowed foreign bodies may, according to Blair Bell, be rendered harmless in their passage through the intestine by the administration of a quantity of absorbent cotton plucked into small shreds and given in bread and milk. The foreign body becomes enveloped in the shreds of cotton, so that any sharp angles are covered over and injury to the intestine is avoided.

The American Mosquito Extermination Society held its third annual convention on April 11 at the New York Aquarium, says the *Medical Record*. The delegates present considered the question of mosquito extermination and adopted a succinct form of statement concerning the habits and varieties of mosquitoes and the best means of combating their multiplication. This is intended for distribution among the members of the society.

A bureau has been established in Germany the function of which is to

supply foreign students and visitors with all the information they may require as to university lectures and courses of practical instruction. Its headquarters are at the University of Berlin, and the scope of its operations embraces all public institutions of the German empire as well as of other countries. Applicants will be informed as to all the steps required for obtaining admission to universities, or for attendance on lectures; they may also

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learn all about schools, laboratories, museums, libraries, hospitals and art galleries. Dr. W. Paszkowski is head of the bureau. No fees are charged.

Travelers to the Orient are not infrequently discommoded by a form of dermatitis ascribed to contact with freshly lacquered objects, says the *Medical Record*. From Cambridge, Mass., comes a description of an apparently somewhat similar affection occurring among the workmen in a local furniture factory. The men were at work on a large quantity of a peculiar wood termed tonquin, which had been imported from the Philippines. Those who inhaled the dust or handled the wood suffered from asthmatic attacks and an irritating rash on the exposed surfaces of the body. Twenty-eight employees were affected.

Prof. Pierre Curie, the discoverer of radium, was run over and killed in Paris on April 19. Professor Curie was the son of a physician, and was born in Paris in 1859. He was educated at the Sorbonne, and was given a chair in the School of Chemistry in Paris in 1895. Together with his wife, who was professor of physics in the Sevres High School, he spent several years investigating uranium and thorium, and in 1898 they were able to announce the discovery of a new and strongly radioactive substance in pitchblende. In 1901 M. Curie received the La Caze prize of 10,000 francs from the French Academy of Sciences, and in 1903 the couple were awarded the Nobel prize for chemistry, followed shortly afterward by the sum of 60,000 francs as part of the Osiris prize of France, all in recognition of their work on radium.

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**SAMPLES ON REQUEST.**

C L 4

On March 27 two petitions were presented to the German Reichstag praying that the practice of vivisection may be surrounded by certain restrictions. It is suggested that special committees should be established whose duty it should be to regulate experimentation on animals. The petitioners ask that notice of any experiment should be given in writing beforehand; that experiments for purposes of instruction be forbidden; that animals of

highly organized species—such as cats, dogs, apes, horses, asses, goat, etc.—should be employed for the purpose only in exceptional cases; and that vivisections should not be performed in hospitals or clinics. Professor von Bergmann pointed out that vivisection was based on a purely humanitarian purpose, and deprecated exaggerations such as were contained in the petitions. The House passed to the order of the day.

## BOOK REVIEWS.

**LAST PICTURES OF SAN FRANCISCO.**  
Vernon Howe Bailey's Remarkable Drawings Made a Few Days Before the City's Ruin.  
Perhaps the one most widely interest-

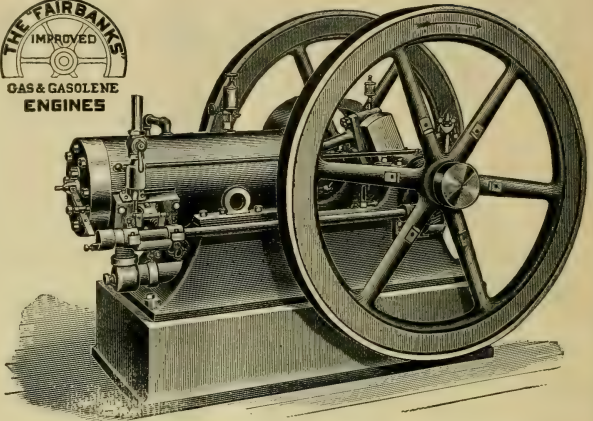
ing feature in the June issue of *Everybody's Magazine* after James Hopper's brilliant first-hand description of the disaster, is Vernon Howe Bailey's series of San Francisco drawings. Mr.



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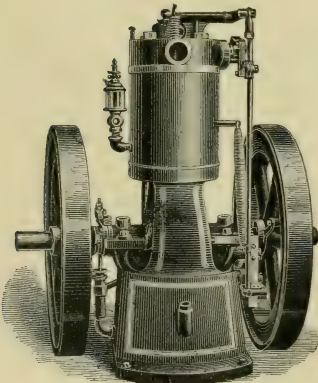
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Bailey had been traveling through the Southland West for *Everybody's*, continuing his series "American Cities in Pencil." Only a few days before the great disaster he reached the famous coast city and made the drawings which have been reproduced with such extraordinary promptness. Everything which his pencil found to draw is now destroyed, except a fort and a ferry building. Not only San Franciscans but all Americans will attach a special significance to these admirable drawings.

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treil, London, Paris, Berlin, Vienna, Leipsic, Brussels, and Carlsbad. Volume I. Sixteenth series, 1906: Price \$2.50. J. B. Lippincott Company, Philadelphia and London, 1906.

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of the Matrons' Council, London, England. Third Edition—Revised and Enlarged; Illustrated. Cleveland, E. C. Koeckert, Publisher, 715 Rose Building, 1906.

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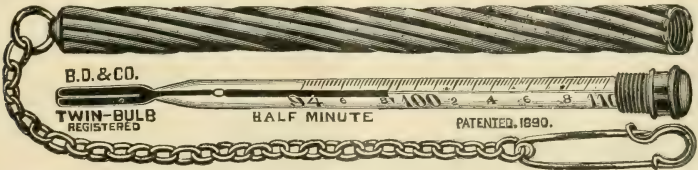
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